

| | FOR | | STATE OF MARTIAND | 8 2 0 | 9 9 1 9 |
|---------------|--|---|--|--|---|
| 1 | - STATE REGISTRAR | DEPARI | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE | |
| 1.0 | DECEASED NAME FIRST | MIDDLE | LAST | REG. NO. | 4× ×540 10 110115 |
| | PE OR PRINT) | | | 1 | YEAR 2b. HOUR |
| - | Lilli | | Adler | 0-20 | |
| 3. S | Female | Caucasian | 3. DATE OF BIRTH MONTH DAY YEAR | IV | IF UNDER TYEAR IF UNDER 24 |
| | | | April 12 1900 | 81 YRS. | |
| 70 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| | Maryland | U.S.A. | WIDOWED DIVORCED | Prince George's | |
| 10 (| CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE | NG HOME OR OTHER INSTITUTION | 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 176 KIND OS BISINES |
| 10 | Clinton | Southern Maryla | nd Hospital Center | | her P.G. Cou |
| 130. | . STATE 13b COU | OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY INTY George Ft. Washi | RE ADMISSION) VN 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 9709 Glen Way | |
| | aryland Pr. | George Ft. Washi | | | |
| | Frederick | MIDDLE Unkle | 15 MOTHER'S MAIDEN N | MIDDLE | LAST |
| | WAS DECEASED EVER IN U.S. A | | | ADDRESS | |
| 160 | | IVE WAR OR DATES) 577-48-0 | 1960 Frederick T | Adler, Jr. Ft. W | Glen Way |
| | 140 | P11-40-0 | Frederick J. | Adler, Jr. Ft. W | ashington, I |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | inly ane cause per line far (a), (b), a | and the same of th | | BETWEEN ONSET AND DE |
| | | ATE CAUSE (0) PL (MCN | ARY EMBELISM | | Lweeps |
| | 145/7 | DUE TO, OR AS A CONSEOU | DENCE OF 12 1-1 | | 3 weeks |
| 3 3 | Canditions, if any, which gave rise to immediate | (1b) Threms | te philitis | | 3 aveila |
| | cause (a), stating the | DUE TO, OR AS A CONSEOL | ENCE OF | | |
| | underlying cause last. | (c) | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | N IN PART 11a |
| 2 | Afrond | | | and the design | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | WERE FINDINGS USED ING CAUSES OF DEATH |
| 4 | | | • | | NO |
| 100 | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT 1 OR PART 2) |
| CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | AIR | 19 | | |
| 8 | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 21f LOCATION STREET | CITY OR TOWN | COUNTY STA |
| V | AT WORK NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE, | FARM, ETC.) | | Sin |
| | 22a.1 certify that (I) (this hear | attended the deceased from. | 10/29 19 7 | 1 10 2/26 1 | 9 2 , that (1) (re |
| | | 1 2 /3 6 196 | and that in (my) (mt) anining | death accurred on the date and haur | and from the sauces state |
| | saw the deceased alive or | | . and mar in (in) (ear) opinion | | ond from the couses state |
| | | at! view the body after death | DEGREE | | 27c. DATE SIGNED |
| | above, (I) (we) (and) (did no | | DEGREE | | 22c. DATE SIGNED |
| | above, (I) (we) (and) (did no | | DEGREE | | |

23c NAME OF CEMETERY OR CREMATORY

St. Mary's Church Cem.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill Rd.

23b. DATE

3/1/82

23a BURIAL, CREMATION, REMOVAL

Burial

h Cem. Clinton / Pr County Californ / Pr Land

** C.11.1 N'unico Cocciu's Clinton Couchern Parelland Horgital Course het. School telebor | . C. Course of the state of DVT-15-(SM60 Predector I willer in it. Vanishing atom in a. d. findabale. 15.2. . No. Illk mond .vanishi oled maion 1000 urtil 3/1/82 St. hey's Church Cer. Clinton Fr. Ten. Cart Second P. Malus Pupered Bods " Will P.

STATE OF MARYLAND

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| | - STATE REGISTRAR | | VLI ARTI | | ICATE OF | | IEIVE | REG. NO | o . | | |
|-------|---|--|---|-------------------------|--------------------|----------------|-----------------|-------------------------------|-----------------------------------|--|-----------------|
| | I. DECEASED NAME FIRST (TYPE OR PRINT) James | | WIDDLE | Ande: | rson | | 2a. DATE O | FDEATH | 7 2. | 5 82 | 26 HOUR 5:20 M |
| 1 | 3. SEX | 4 RACE | | 5 DATE C | | | 6 AGE (IN | YEARS LAST BIRT | | IF UNDER I YEAR | IF UNDER 24 HRS |
| į | Male | Caucasi | an | MONTH 9 | 17 | 1890 | 91 | | YRS | MONTHS DATS | HOURS MIN. |
| ľ | To. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | | | - | ORE CITY O | R COUNTY | OF DEATH | |
| Ì | Md. | USA | | WIDOWE | | MARRIED : | Prin | ce Ger | orge's | | MD. |
| ti de | OCITY OR TOWN OF DEATH | LIE NOT IN SUC | HOSPITAL, NURSIN THEACILITY, GIVE STREET | G HOME C | OR OTHER IN | STITUTION | 12a USUAL | OCCUPATION | NC NCONTRIC HEE | 126 KIND C | OF BUSINESS OR |
| 9 | USUAL RESIDENCE (IF NURSING HOME OF | | rn Maryla | | ospi ta | 1 Center | Reti | red Sa | lesmar | nStanda | ard Oil |
|) | 13a STATE 13b COUNTY Md. Pr. | YTY | Hillcres | N | tyes X | CITY LIMITS? | 13e STREET 2702 | | awn St | t. | |
| | 14. FATHER'S NAME | WIDDLE | LAST | | 15 MOTHE | R'S MAIDEN NAM | ΛE | MIDDLE | | | |
| Ų | William | Moott | Anderso | n | (| Cornelia | | G. | | Rale | ey . |
| | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | | 17. INFORM | ANT | | ADDRE | SS | 1500 | VENETY. |
| | no non | | 577-09-0 | 472 | James | H. And | erson | same | as ite | em 13 | |
| | Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse last. PART 2. OTHER SIGNIFICANT OF THE COUNTY OF THE | D BY (E CAUSE (o) DUE TO, O (b) DUE TO, O (c) 19b COND 21b TIME O | Cardias (RAS A CONSEQUE RAS A CONSEQUE DITTRIBUTING TO E ITION FOR WHICH | NCE OF NCE OF DEATH BUT | N WAS PERF | | 200 AUTO | OPSY? | 20b. IF YES, IN CERTIFY YES | Zd Z | NGS USED |
| | OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospinate on obove, (I) (man) (did y'did no 22b. SIGNATURE) | 21e PLACE (AT HOME STE | OF INJURY REET, FACTORY, OFFICE, F. e deceased from | 19 ARM. ETC.) 15 70 | 214. LOCAT STRE | | MEDICAL | STAF | te and hour | | |
| | 22d PHYSICIAN'S NAME (TYPE) | . () | M. D. | | 3611 | Branch | Ave | . Temp | le Hi | ills,N | d.20748 |
| | 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Buriak | 3/1/82 | | | | crematory | Vasi | ATION Y OR TOWN DING TO | n | COUNTY | D.C. |

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, ar oth should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol.

> George P. Kalas Funeral Home Oxon Hill Rd 2500 24 FUNERAL DIRECTOR

Mt. Olivet Cemetery

Oxon Hill.

Washington

D. C.

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

| Research to the | NORTE SITE | | ngant. | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTI APPEL February 12, 1982 M ROSANNA 1:10P 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) m'SV 14 DAY 1897AR 84 female white BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED mary land USA Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR ITYPEHOMEMOSTKET CHEE INDUSTRY Lanham Doctors' Hospital of Pr. Geo. Co. 38050Clairton Dr. Prince Ge ary land 15 MOTHER'S MAIDEN NAME Henry J. Mc Donald Savannah Clingermen 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TO THE WINKHOWN) N (YES GIVE WAR OR DATES) 215-46-1866 Virginia A. Rupard Some as 13 a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: 2 thes CAROLOGIENIC SHOCK DUE TO, OR AS A CONSEQUENCE OF NUMERIE Canditions, if any, which CORONKRY gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last AERIN 8= LEROSIS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO to! Hygier 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased live on above (I) (we) (did not) view the bady after death and that in ((v) bur) apinion death occurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS ld b MPORT C. VXRA MUMMIN- SENED N Martins Cemetery

Martins Cemetery Orteans, Md. COUNTY 230 BURIAL, CREMATION, REMOVAL 236 DATE 2-15-82 STATE Buria Bowle,

Beall Funeral Home, Rt. 450/Race track Rd. FEB 1

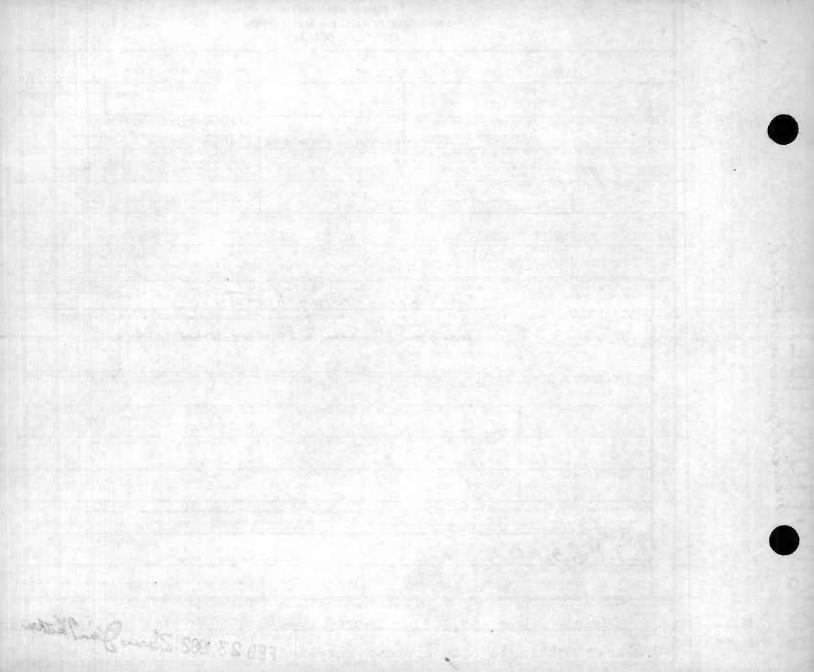
DHMH - 16 50M 1/81 (VRA 15, 4)

female white may 14,1897 Ru many luce 15 technical desirates of the second from the second s and the second of the second willer and a second the second secon Stenna J. Mc Pon Je Stanton Clingermen Williams Ap no 215-b6-1866 Virginia A. Rucher S me colline 12 718 2-15-12 Meting Cenetory Origins, Mr. sell Fineral Home, Rt. UST Rece track P. M. B. B. Banker

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

| | | | | | | OF MARYLAND | | (a) | 0 4 | 3 | 11 |
|-----|---------------|---|---|-----------------|-----------------------------|--|----------|---|--|----------|------------------|
| | 1- | FOR STATE | | DEPARTM | | EALTH AND MENT. | | NE O | 0 4 | 4 | |
| | 1 000 | REGISTRAR FASED NAME FIRST | | DDLE | 110 | AST | | REG. N | | | |
| | | OR PRINT) | | | | | | 20. DATE OF DEATH | | | HOUR |
| | 2.051 | JAMES | ROBER | T ARM | STRON | | | FEBUARY 18 | 7 | | 1:48pm |
| | 3 SE) | | 4 RACE | William VIII | 5. DATE O | DAY YE | AR | AGE (IN YEARS LAST BIR | MONTHS | | UNDER 24 HRS |
| | MA. | | BLACK | | SEPT | EMBER 13, | 1930 | | YRS. | | |
| 55 | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF W | | MARRIE | NEVER MARRIE | ED 🗆 | BALTIMORE CITY O | | | |
| | | ryland TY OR TOWN OF DEATH | UNITED | | WIDOWE | D DIVORCE | | PRINCE GEO | | | MD. |
| 28 | AN | DREWS AFB | MALCOLM | GROW USA | F MED | ICAL CENT | | 20 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MECHAN | F WORKING LIFE) INDU | | USINESS OR RY |
| 35 | MA. | | ROTHER INSTITUTION, GI NTY 1: CE GEORGE | S HILL | HTS ^{ON)} CREST | 13d INSIDE CITY LIA YES X NO [| | 3e. STREET ADDRESS 2069 CHADV | ICK TERRA | CE | |
| 1 - | 14 FA | THER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIL | DEN NAME | MIDDLE | | LAST | 44.500 |
| OU | | BERT BENJAMIN | | | | AGNES | ELIZA | | ISTRONG | | |
| 1 | 17 | AS DECEASED EVER IN U.S. AF | VE WAR OR DATES) | 66 SOCIAL SECUR | RITY NO. | 17 INFORMANT | | ADDRE | SSHEIGHTS, | MD | |
| - | YE | S 1951 | L-1971 | 217-28-7 | | | | ONG, 2069 ORY ARREST | HADWICK T | ER. | HILLCRES |
| | 7 | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR A | AS A CONSEQUEN | NCE OF | Cate | Prin | ory in | long | | 3 |
| 2 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH (| OPERATION | N WAS PERFORMED | | 200 AUTOPSY? | 20b. IF YES, WERE F IN CERTIFYING CA YES | USES OF | S USED DEATH? |
| 9 | | 2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. | MONTH DAY | Y YEAR | 21c. HOW INJURY O | OCCURRE | D (ENTER NATURE OF INJUI | Y IN ITEM IS PART I ORPA | R1 2) | |
| - | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF | | | 21f. LOCATION STREET | | CITY OR TO | WN COUN | ITY | STATE |
| | | 22a Leertify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no 22b SIGNATURE | FER 12 | 8 19 8 | 82_, an | | | , ta FEB 18 ath occurred an the do | | , 11101 | |
| | | Paul & Lets 1 | no | 1000 | | ATTENE PHYSIC | | MEDICAL STAF | F | DATE SIG | |
| 1 | | PAUL G. SEITES | | USAF, MC | | MALCOLM (| GROW | USAF MC, A | NDREWS AF | B, MI | 20331 |
| | | URIAL, CREMATION, REMOVAL | 23b. DATE | 23c. N. | AME OF CI | EMETERY OR CREMA | TORY | 23d LOCATION | COLORER | | STATE |
| | | Burial | Feb 2 | 3.1982 | Sa | cred Hea | art | Bushwood | St Mars | 11 A | Marin a |
| | | INERAL DIRECTOR | | ADDRESS | | | | REC'D BY REGISTRAR | 260 TEGISTRA | ment | m/m-z- |
| | W | .Clarke Matt | ingley 1 | Leonard | town | , Marylan | id FE | B 23 1982 | Charles | | |



| 10 | | | FOR | | r | EPARTA | STA MENT OF | | ARYLAN | | IYGIEN | IE - | | 0 | 3 | 1 7 | 53 |
|--|--|-----------------|--|----------------|---|---------------|---|--------------|---|----------------|--|-----------------------------|----------------|----------------|---------|-------------------------|-----------------------|
| 1/ | | | STATE REGISTRAR | | | | XAMIN | | | | | TH " | REG. | NO. | 1 . | | 0 |
| 1000 | | 1. DEC | CEASED NAME | FIRST | | MIDDLE | | | LAST | - | | 2a. DATE OF | KNOWN | X MONTH | DAY | YEAR | 2b. HOUR |
| | EF. S. S. S. E. S. | (117) | | ELEN | 3 | | | | DEN | | | | ESTI- MATED | ~ | = | 19 82 | M |
| | ESSARY, PLEASE RAL DIRECTOR. DR YOUR FILES. ITHIN 72 HOURS HESTON STREET, | 3. SEX | 4. RAC | CE | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YE | ARS IF UN | | IF UNDER | 24 HRS. | 2c. DATE | NCED | MONTH | DAY | YEAR | 2d. HOUR |
| | ESSARY, RAL DIR OR YOU! THIN 72 | | | ıcasia | 7 - / 3 | 17 | 64 x | RS. | 7 | | | DEAD | 2 | OA 2 | 17 | 1982 | 8p. M |
| | ECESSA CR YOUTHIN | EO | RTHPLACE (STATE OR REIGH COUNTRY) MISSOUTI | | USA WIDOV | | | | MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY WIDOWED DIVORCED Prince Georg | | | ebe | | MD | | | |
| | (39.84 | | TY OR TOWN OF DE Laurel | ATH | II. NAME OF HOSPITAL, NURSING HOME, OR OTHI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Beltsvill | | OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | | | OF | 176 KIND OF BUSINESS OR INDUSTRY US GOVE | | | | | | |
| D. 21201 IF ANY DE 2, AND 3; SHOULD L. PECORE | | USUA 13a. S1 | | 136 COUN | OR OTHER INSTITUTION, GIV TY | E RESIDENCE | OR TOWN | | 13d. INSIDE CI YES 🛣 | ITY LIMITS? | | EET ADDRI 81.0 | | Street | | | |
| BALTIMORE, MD. 2120 | FTER DEATH. IF FORM PM 3. FES 1 AND 2 SHON OF VITAL | 14. FA | THER'S NAME EIRST | | WIDDLE | | AST | | IS. MOTHE | ER'S MAIDI | ella | Curr | y Y | | | LAST | |
| MOM | PAG ORM | 16a. W | AS DECEASED EVER | | MED FORCES? | | IAL SECURIT | | 17. INFORA | | | | ADDRI | | | | |
| ALTI | JRS AFT B. GIVE WITH R T. PAGE DIVISIO | (1) | S NO, OR UNKNOWN | (IE TES, GIVE | WAR OR DATES) | 487 | 1.8 93 | 31. | Jo Re | e d d : | 2302 | Cres | tlawn | Ave. | , Ch | ever | ly , l |
| | DURS 18. C WIT. P NIT. P | | 18 CAUSE OF DEA | TH (Enter on | ly ane cause per line | far (a), (b), | , and (c).) | | 5 | | | | | | BETY | PPPOXIMATE WHO ONSET | INTERVAL AND DEATH |
| 201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 18. | UTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG V IAL - TRANSIT PERMIT IN MENTAL HYGIENE, I ON, OR REMOVAL. | | 479 | | TE CAUSE (a) | | ioscle | | c card | diova | scula | ar di | sease | 2 | | | |
| | L IN | M | Canditians, if | any, which | DUE TO, OR | AS A CON | SEQUENCE | OF | | | | | | | | | |
| ×. P | UTED WITHIN PENCIL EXAMINER EXAMINER IAL - TRANS | | gave rise to cause (a) statin | | (b) | AS A CON | SEQUENCE | OF | | | | | | | | | |
| 201 | EXAP EXAP ON, O | | lying cause last | | (e) | | | | | | | | | | | | |
| SOS, | EXECUTE NG. IN CAL EX BURIAL I AND M | | PART 2 DTHER SIGNIFICA | NT CONDITIONS | CONTRIBUTING TO DEATH I | UT NOT RELA | TED TO THE TERM | IINAL DISEAS | DR CONDITIO | N GIVEN IN PA | R1 1 (a) | | | | | | |
| CO | ULD BE EXECUTED "PENDING" IN I FF MEDICAL EXA ED AS A BURIAL HEALTH AND M AL, CREMATION, | CERTIFICATION | Obesity | | | | | | | | | | | | | | |
| A | 무료 이뿌그 등 | ICAI | 19a DATE OF OPER | ATION | 196. CONDIT | ION FOR V | WHICH OPER | W MOITA | AS PERFOR | MED? | | | | | | AUTOPSY? | |
| N N | WORR CHANGE | E | 71a EXTERNAL CAU | JSE WAS | 21b. TIME OF | INJURY | | 121c He | W IN ILIPY | OCCUPPE | D (ENTER | NATURE OF IN | HIPY IN ITEM | A 18 PART 1 OR | | YES 🗌 | NOX |
| DIVISION OF VITAL RECORDS, | CERTIFICATE SHOUTING THE WORD "TING THE WORD "TING THE CHIEFE 3 SHOULD BE USE DEPARTMENT OF I PRIOR TO BURIAL | | UNDERLYING CONTRIBUTING | OR CAUSE OF | HOUR A.M. DEATH P.M. | MONTH | DAY YEA | 2 | | OCCORRE | D (civies | | | | | 7-9 | |
| DIVIS | WRIIS WRIIS ARE AGE 1201 | MEDICAL | WHILE NO. AT WORK AT WORK | T WHILE [| 21e PLACE C | | | | CATION | | | CITY OR TO |)WN | c | OUNTY | | STATE |
| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | | 22a I certify that | | ge of the remains descral causes X, | ribed aba | | Autop | | Inspectio | | Inquiry termined m | | and in my | apinian | | |
| | ERTII LD B DIREC WITH ARY | | | 1 | DOX |) | - | | | SPECIFY) | | | | | | | |
| | ALE HE ALE | | ACTUAL SIGNATURE | Ligur | 10/7/2 | legis | 20/ | M | .D. Dej | puty | MED | ICAL EXA | MINER | DATI | VED_2 | 2/18/ | 1982 |
| | MEDIC CUTE T SE 4 SP FUNER FUNER TIMOR | - | EXAMINER'S NAMI | Augu | sto P. Ro | digu | ez, M. | D. | ADDRESS_ | 5009 | Rayb | urn C | ourt, | , Camp | Spi | cings | , Md. |
| | | 23a. BI | URIAL, CREMATION, SPECIFY) Burial | REMOVAL | Feb. 20, 19 | | IAME OF CE | | RCREMATO | | 23d. LC CITY | OCATION OF TOWN Brent | twood | • Md | YTAUC | \$1 | TATE |
| The state of the s | BP | 24. FI | UNERAL DIRECTOR | | / 4000000 | . / | | THEO. | II Com | 25a. DATE | REC'D. BY | Y REGISTR | AR 25b. R | EGISTRAR'S | SIGNA | TURE | |
| | (VR A 15 ME (5)) 15M 2/80 | 1 | maldo | 50n/ | uno BA | Hun | ul h | EURA | 172 | LE | 023 | 1982 | GAL | res | Can ! | W.T | |
| | 13M 2/00 | | | | | | | | | | | | | 0 | | | |

Loughie Curey out in some of the first series and the series of the sel microl. dre. Sell. 00.688 . injum

Alexander Ferry Rd., Clinton,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22, 1982 Cedar Hill Cemetery Suitland

LAST

REG. NO.

2b. HOUR

Gracerv

APPROXIMATE INTERVAL

NO [

STATE

6:13P

18,1982

IF UNDER I YEAR

INDUSTRY

YES

COUNTY

22c DATE SIGNED

20 DATE OF DEATH MONTH

PRESTON ST.

BP

DHMH - 16 50M 1/B1 (VRA 15.4)

FOR

- STATE

LIYPE OR PRINTS

Burial

Old

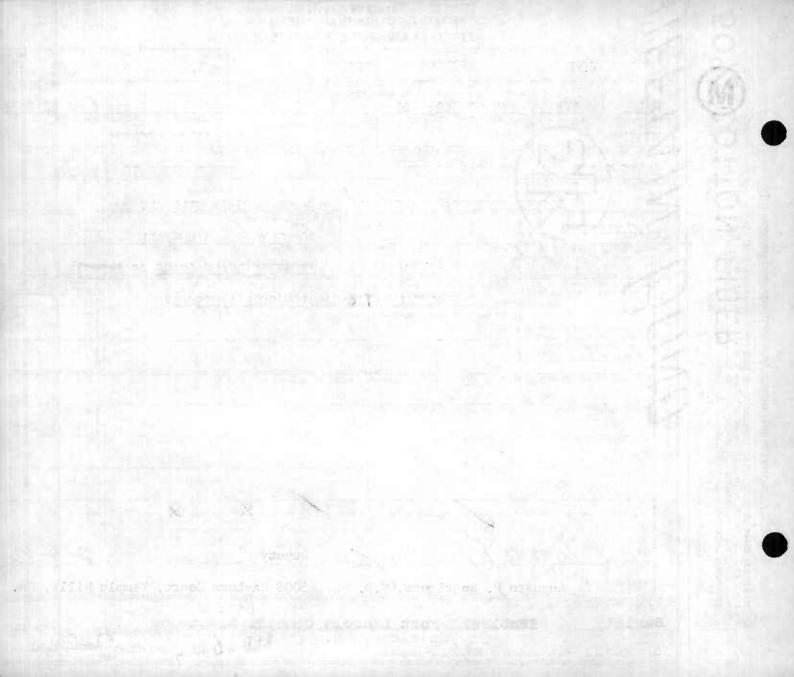
24 FUNERAL DIRECTOR Lee Funeral Home.

REGISTRAR

DECEASED NAME

Towards Coucagian ch. 10, 1025 57 Grocer (Self-Problem sale and basilyse Hansy G. Henris 10 2 11 2/A - 579-20-1982 Judith E. 111er Same Le Hij -- E The state of the colorest man of the first of the 18 AST PT TO 18 31-0 of we to 2 19-8 0 State before the # 460 Hyper with the 1078 late You you of his Reb. 22, 1982 Ceder Hill Co.oters witherd, Plankin , omen Abretie es (first old alexament army d., Olinton, ill

| 10 | | 1 | - | | A TELL | | | ARYLAND | | | n 1 | | 0 |). I |
|---|---|---------------|-------------------------|------------------------------|-----------------------------|---|------------------|--------------------------|---------------------|-------------------------|-------------------|--------------------------|---------|-----------|
| 12 | | | FOR STATE | | | | | ERTIFICATE | 1.3 | Н | 0 4 | 7 | 0 (| 2 |
| 1 | | I. DE | REGISTRAR CEASED NAM | F FIRST | MILL | MIDDLE | IIVEK 3 C | LAST | | DATE KNOWN | V | DAY | YEAR | Zb. HOUR |
| | H ATT | | E OR PRINT) | JOHN | BE | RNARD | BEAL | E | | OF ESTI- DEATH MATED | FED | 6 19 | .82 | 2:]5 |
| | (MA) | 3. SEX | (| 4. RACE | S. DATE OF BIRTH | 6. AGE (1) | | | R 24 HRS. 2c. | DATE | MONTH | DAY | | 2d. HOUR |
| | (FAIL) | 1 | IALE | WHITE | NOV 27 | 1921 60 | YRS. | DAYS HOURS | MIN. PR | DE AD | FFR | 6 1 | 82 | 2:15 |
| | 300年第97 | 7a. B | RTHPLACE (S | | 76. CITIZEN OF WH | | 8 MARRI | ED X NEVER MAR | RIED . 9. | BALTIMORE CIT | Y OR COUNT | TY OF DE | ATH | Ь |
| | S S S S S S S S S S S S S S S S S S S | 1 | 1ARYLAN | | USA | | WIDOW | | | PRINCE G | | | | MD |
| | EATH. IF ANY DELAY IS NE. 12, AND 3 TO THE FUN. PM. 3. RETAIN PAGE 5. F. N. D. SHOULD BE FILED. WITHOUT BE FILED. WITHOU | | TY OR TOWN | | (IF NOT IN SUCH FAC | PITAL, NURSING HO BILLITY, GIVE STREET ADDRE MEDCEN | | ER INSTITUTION | FOR MOS | SEL MECH | | 126 KIND OR II MET | NDUSTRY | |
| - | AAIN ABIN | USU | | | ROTHER INSTITUTION, GIV | | | 13d. INSIDE CITY LIMITS? | | | | | | |
| 2120 | G CEL AN | | 1D | | ICE GEORGE | TO THE COMME | | YES X NO | _ | | LE AVE | 9 | | 17.14 |
| WD. | H. IF 1, 2, 1, 2, | 14. F. | ATHER'S NAM | VIER DE | WIDOLE | LAST | | 15. MOTHER'S MAIL | DEN NAME | MIDOLE | | LAS | ST. | |
| 386 | | | RANK | BEA | | Lucia a serial cres | DITY NO | DOROTH 17. INFORMANT | Y | NUTHA | | | | |
| BALTIMORE MD. 2120 | UTED WITHIN 24 HOURS AFTER DE- IN PENCIL IN ITEM 18, GIVE PAGE: EXAMINER ALONG WITH FORM RIAL - TRANSIT PERMIT, PAGES I AP D MENTAL HYGIENE, DIVISION OF ON, OR REMOVAL. | () | ES, NO, OR UNKN | DEVER IN U.S. ARA | WAR OR DATES) | 16b. SOCIAL SECU | | | TE DEAL | | | OUE \ | | |
| N S | HOURS AFTE EM 1B. GIVE F NG WITH FO RMIT. PAGE ENE, DIVISIO | H | 18 CAUSE O | DE DEATH (Enter and | ly one couse per line | 5772049 | | JEANE I | IE BEA | E (SAME | AZ ABI | APPD | OXIMATE | NTERVAL |
| 5 | M 18. VAG V | | PARTID | EATH WAS CAUSED | DBY: AD | | | CARDIOVAS | CIII AR I | DISFASE | | BETWEE | N ONSET | AND DEATH |
| Č | 124 I | | 142 | 92 MMEDIAI | choor (a) | AS A CONSEQUEN | | OMNOTOVAS | COLINA | | -4-51 | | | |
| 000 | THIN THIN THIN THIN THIN THIN THIN THIN | | | ons, if any, which | (b) | | | 1250 | | | | | | |
| 3 | UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS D MENTAL H ON, OR REA | | |) stating the <u>under</u> - | < ' ' | AS A CONSEQUEN | CE OF | | | | | | | |
| 100 | XECUTED WITHIN VG" IN PENCIL IN JAL EXAMINER A BURIAL - TRANSIT AND MENTAL HY VATION, OR REMC | | | | (c) | | | | | | | | | |
| DIVISION OF VITAL BETOOM OF W PRESTON ST. | VILD BE EXECUTED WIP BE EXECUTED WIP BENDINGS IN PR EFE AEDICAL EXAM F. HEALTH AND ME AI, CREMATION, (| z | PART 2 OTNER 5 | SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH 8 | UT NOT RELATED TO THE | TERMINAL DISEASE | OR CONDITION GIVEN IN | PART 1 (a). | | | | | |
| 234 | MED BE MED AS A CREATT | CERTIFICATION | 19a. DATE O | FOPERATION | I 19h CONDIT | ION FOR WHICH O | PERATION W | AS PERFORMED? | | | | 20 AU | TOPSY? | |
| 1 | P SEE THE SEE | FIG | | | | | | | | | | YE | s 🗆 | NOX |
| 2 | ME SI NO BE CENT | GERT | | AL CAUSE WAS | 21b. TIME OF | INJURY MONTH DAY Y | | OW INJURY OCCUR | RED (ENTER NAT | URE OF INJURY IN ITEA | A 18 PART I OR PA | (RT 2) | 18 | |
| 3 | ARTA CARTA | | UNDERLYIN CONTRIBUT | G ☐ OR ING ☐ CAUSE OF E | DEATH P.M. | 19 | | | | | | | | |
| 200 | MNRR: THIS CERTIFICATE SHOULD BE ENCATE, WRITING THE WORD "FENDING FROM PROPER MEDICAL PAGE 3 SHOULD BE USED AS A H THE STATE DEPARTMENT OF HEALTH LAND, 21201 PRIOR TO BURIAL, CREM | MEDICAL | 21d. INJURY | | 21e PLACE C STREET, FACT | OF INJURY (AT HOM ORY, FARM, ETC.) | | CATION | | CITY OR TOWN | co | UNTY | | STATE |
| 2 | WARE PAGE | 1 | AT WORK | AT WORK | | , | | | | | | | | |
| | ATE, ATE, ORV, PRESIDE, ND, | 18 | 22a I cer | tify that I took charg | e of the remains des | cribed obove, held o | n Autop | sy Inspect | tion 🔯, | Inquiry X, | ond in my of | pinion | | |
| | WIN THE SYLA | | deoth resu | ted from: Notu | ral causes | Accident, | Suicide | , Homicide | · Undeter | mined manner | _]. | | | |
| | WAN. | | ACTUAL | 1/1190 | usto X | Stecker | 10, | Deput | v | | DATE | 2. | -6- | 17 |
| 9 19 | SEAT SEAT | | SIGNATURE | | | // | A M | .D | MEDIC | AL EXAMINER | SIGNE | ED_V | | |
| | A PER | 3 | EXAMINER'S | NAME Augu | isto P. Ro | driguez, | M.D. | ADDRESS 5009 | Raybur | n Court, | Templ | e Hi | lls, | Md. |
| | TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P | 23a. E | | ATION, REMOVAL 2 | 3b. DATE | 23c. NAME OF | | R CREMATORY | 23d, LOC CITY OR | | COU | | STA | |
| | BP | I | Burial | | 9Feb1982 | Fort | LInco | ln Cemet | er Br | entwood | d PC | 3 | Mo | |
| | DHMH - 17 | | UNERAL DIRE | | AODRESS | Suitla | nd, M | d. 250. DA | EB 1 | GISTRAR 25b. R | Pane | DIANOIL | Mary | 3 |
| | (VR A15 ME (5)) | R | ppert | E. WIIN | elm Fune | erar HOM | .e | | | 1904 | | e | | |



| | N | -1 | FOR | n.r. | | MARYLAND | GIENE 8 2 | 0 4 9 | 8 1 |
|----------------------------|---|---------------|---|--|---------------------|--------------------------|---|--------------------------------|--|
| | | 1 | - STATE REGISTRAR | DE | | TH AND MENTAL HYO | | | |
| N | | | ECEASED NAME FIRST | MIDDLE | LAST | | REG. NO | MONTH DAY YEAR | 2b HOUR |
| D | be 3 e 3 | {TY | EFFI | E V. L | 3 eALL | 1 | | 02 1/ 82 | 2 125 AM |
| | ag, | 3. S | | 4. RACE | 5. DATE OF BIF | | 6. AGE (IN YEARS LAST BIRT | MONTHS DAYS | |
| | | | FEMALE | CAUCASIAN | NOVEMBE | R 19.1888 | 93 | YRS. | MOURS MIN. |
| | T PRESE | 7a. | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COU | NTRY? 8. | NEVER MARRIED XX | 9 BALTIMORE CITY OF | COUNTY OF DEATH | |
| | B B B | | WASHINGTON, D.C. | U.S.A. | WIDOWED | DIVORCED [| PRINCE GE | | MD. |
| | offer of the led will | 0 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV | E STREET ADDRESS) | | 12g. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF | WORKING LIFE) INDUSTR | |
| 2 | in by the filed | Usi | HYATTSVILLE JAL RESIDENCE (IF NURSING HOME | CARROLL MAN | OR NURSING | HOME | I AUDIT | OR I | .R.S. |
| 2 | d b | 130. | JAL RESIDENCE (IF NURSING HOME STATE | | | INSIDE CITY LIMITS? | 13e. STREET ADDRESS | HOTTH LITTE | בס עלאוס אווי |
| 5 | ithin 2 shou | 14.1 | ATHER'S NAME | I WASH | **** | NO D | | IARTIN LUTHE | EK KING AVE |
| MAKILANDZIZO | 3 -0 | 1 | TAMES | BEAL | ST I | VIRGI | MIDDLE MIDDLE | BEAF | AST D C |
| K. | + 0 | 160 | WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIA | L SECURITY NO. 17 | INFORMANTEXECU | TOTY ADDRE | \$19304 TREAT | DWAY ROAD |
| <u>×</u> | n and c | 3 | (YES, NO OR UNKNOWN) (IF YES, C | SIVE WAR OR DATES) 577- | | MARY P. DAL | | BROOKEVILLE | |
| BALTIM | hysicio popers ovol: nt, the | | 18 CAUSE OF DEATH (Enter | only one couse per line for (a), | (b), and (c).) | | | | OXIMATE INTERVAL IN ONSET AND DEATH |
| 7 | g ph) on po emo | 3 | PART I. DEATH WAS CAUS | ATE CAUSE (o) | INE. | MINIA | - | | |
| Z O | ndin corb | 17 | 7800 | DUE TO, OR AS A CON | ISEQUENCE OF | | | | |
| PRESTON ST | deo nove offor | | Canditions, if any, which gave rise to immediate | (b) | 1120 | | | | |
| a. ≩ | by the use rer corem | 3 | cause (a), stating the underlying cause lost. | DUE TO, OR AS A CON | ISEOUENCE OF | | | | |
| 201 | thed by pleas | | DAPT 2 OTHER SIGNIFICANI | (c)(CONDITIONS CONTRIBUTION | IC TO DEATH BUT NOT | BELATED TO THE TERA | AINIAI DISEASE OR CONE | ALTION COVEN IN BART | 1/ |
| | sign Then to bu | NO | UR (, and | | IN PROME | - | MINAL DISEASE OR CONE | ITION GIVEN IN PART | 1(0 |
| 3 | beer mit. | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION W | AS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FIND | INGS USED |
| ž | he to on. | 1 | | | | | YES NO | IN CERTIFYING CAUSE | NO [|
| - | physici physici physici physici physici politronsi tol Hygis m 18 sh | - | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | 216. TIME OF INJURY HOUR A.M. MONT | H DAY YEAR | HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | / IN ITEM 18 PART OR PART 2) | |
| DIVISION OF VITAL RECORDS, | SIG Ce Cen Trice | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMIN | ER) P.M. | 19 | | | | A 5050 |
| SIO | PHY tendii the bu | MED | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, | | LOCATION | CITY OR TOV | VN COUNTY | STATE |
| À | 0 4 9 4 0 3 | | AT WORK AT WORK | | | 6 0 | 3/1 | 1 85 | |
| | ATTENDIN ospitol or c CCTOR: Aft of for use as of for use as of for use as | | courther con- | pital) attended the deceased | 10 5 2 | at ir (my) (our) apinian | death accurred on the do | te and hour and from th | that (I)(we) lost |
| | | 3 1 | obave (I) (y e) (did) (lid i | not) view the body after death. | DEG | | | | TE SIGNED |
| | the the the | | 11 | 1.6 |) m | ATTENDING | MEDICAL STAF | F _ 7 | Inles |
| | SPITA LERA Be de de de de de de de Sto | | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | 27e | | | | - 444 |
| | retained by TO FUNERA should be de with the Stat | | 1 SEHISI | VER MD | 79 | SOD WHENW | Ay CM. Dr. | - CHOCKET | 179 20170 |
| | 5 € 5 € ₹ ₹ ₹ H | 230 | BURIAL, CREMATION, REMOVA | | 23c NAME OF CEME | TERY OR CREMATORY | 23d. LOCATION | | |
| | BP | L | (SPECIFY) BURIAL | 2/13/82 | CEDAR H | ILL | SUITLAN | PRI GEO | o Mb. |
| ī | DHMH-16 30M 2/B0 | 24 | UNERAL DIRECTOR FRANCE | CIS J. COLLINS | DRESS | 25a. DA | E REC'D. BY REGISTRAR | AEGISTRAR'S SIGNA | Mar Chan |
| | (VRA 15, 4) | | 500 UNIV BLVD | | | 901 | D 1 3 1302 | Mann J. | and the sales |

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St heer to full houte. I afe F 260 I . SS . Yell . restant research a appoint of the particular to reverse the tree bros transfers : 2 III & dornill .cob .7: hesigned ANOMALE . Tryes - It I an Army 570-14-5247 American descriev - Dame Am 123 --Some a fear of the company of the co terest commenced to the court of the court o .or. Propert how. and water of the standard break the contract of the Standard Contract of th

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|--|---------------|---|--|--|-----------------------------|-------------------------------------|---|
| A | 1- | FOR STATE Film#G565 REGISTRAR AT | 3-4-82 MEDICA | RTMENT OF HEALTI LEXAMINER'S (| CERTIFICATE O | E DEATH | 9 4 7 9 0 |
| (BA) | 1. DE | CEASED NAME FIRST | MIDDLE | 0 | LAST | 2a. DATE KNOWN | |
| (ATOMY) | (TYI | SOAN | Patrick | Beau | e15 | OF ESTI- DEATH MATED | 12-201082 |
| 2022 | 3. SE | Ma De A. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS IF UI | | | MONTH DAY YEAR 24 HOLE |
| ON S | 1 | nau white | 3-14-64 | YRS. | HS DAYS HOURS | DEAD | 2-20 182 PM |
| ERAL PREST | 70. B | RTHPLACE (STATE OR PREIGN COUNTRY) | 76. CITIZEN OF WHAT CO | MARR | IED NEVER MARRI | ED Y BALTIMORE CITY | OR COUNTY OF DEATH |
| S NECESSARY, FE FUNERAL DIRECT FOR YOUR ED, WITHIN 72 H | 10.0 | Wash., D.C. | U.S.A. | WIDOV | VED DIVORC | ED USUAL OCCUPATION (F | YPE OF WORK 178. KIND OF BUSINESS |
| される音を | | Cheverly | Prince Co | e street address Gen | 111 | OR MOST OF WORKING LIFE) | OR INDUSTRY |
| D. 21201 IF ANY DEU 2, AND 3 TO SHOULD BE VIREGORDS. | 13a. S | AL RESIDENCE (IF IN NURSING HOME OF ALL OLD MINISTER STATE) | TY 13c. C | nce beføre admission) ITY OR TOWN LVOR Sprin | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS Las | urie Dr. |
| E, MD. | 14. F. | ATHER'S NAME | WIDDLE | LAST | 15 MOTHER'S MAIDE | N NAME MIDDLE | LAST |
| 3 5 2 2 3 5 7 | 2 | William | E. | Beavers | Patri | | Bacigaluppi |
| TT., BALTIMORE DURS AFTER DEA BE GIVE PAGES WITH FORM PA MIT. PAGES LAN E, DINISION OF | 16a. \ | VAS DECEASED EVER IN U.S. AR/ | 12374 0 00 0 1111 | OCIAL SECURITY NO. | 17. INFORMANT | ADDRES | |
| S AF GIVISI | | No | | 9-94-5542 | Wm. E. E | frother) | ove address |
| ST., E., HOURS ATB. G WIT. P. MIT. P. ME, DIN | | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED | DBY:) le nota | (b), and (c).) | A theah | doman, | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ITHIN 24 H IER ALON ALNSTI PER AL HYGIER REMOVAL | | 95 IMMEDIAT | DUE TO, OR AS A C | | Jun ap | 00,,,, | |
| FES A SERVICE A | | Canditians, if any, which | | | | | 5 75 XXXX 115 X |
| W. W | | gave rise to immediate cause (a) stating the under- | DUE TO, OR AS A C | ONSEQUENCE OF | | | |
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| RECORDS. UD BE EXEC PENDING. MEDICAL ARBITH AN HEALTH AN CREMATI | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT I | ELATEO TO THE TERMINAL OISEA | E OR CONDITION GIVEN IN PA | RT 1 (a) | |
| P BE SECO MEDIA ME | CERTIFICATION | 19g. DATE OF OPERATION | The COMPITION OF | OR WHICH OPERATION V | AS DEREADANCE | | I a sur-area |
| SHOULD OND "PEI ON "PE | ₩ 5 | | | | | | 20. AUTOPSY? |
| F VIII | ERT | 2/20/82 210 EXTERNAL CAUSE | Shotgun | | bdomen ow injury occurre | D (ENTER NATURE OF INJURY IN ITEM 1 | YES NO VES NO VES NO VES |
| DIVISION OF S CERTIFICATE RITING THE W RDED TO THE RE 3 SHOULD E DEPARTMEN | ALC | UNDERLYING OR CONTRIBUTING CAUSE OF I | The state of the s | 14 DAY YEAR 3 | 21 10 | Led | |
| /ISIO | MEDICAL | 21d. INJURY OCCURRED | THE PLACE OF INJU | HY (ATHOME. 2H LC | offion / | | |
| DIN THIS C WRIT WARE PAGE TATE D | 2 | AT WORK AT WORK | Strust | world Great | 8800 block | FWF Fuet Rd.L | Im HII By. Ge exce |
| R: TE VTE, V R: PX E ST, | | 22a I certify that I taak charg | e of the remains described o | abave, held an Autas | sy Inspection | n Inquiry I | and in my apinian |
| ALTO REPORT | | | al causes , Accide | | , Hamicide . | Undetermined manner | , |
| CERT PIED B | | 2 | · coo | | TIME (SPECIFY) | | - 1/0. |
| A HAY | - | SIGNAT (RE XUGUN | & Francy | quez- | D. Wuly | MEDICAL EXAMINER | SIGNED 2-21-82 |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE SEXCUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE SEXCUTE THE CRETIFICATE, WRITHING THE WORD "PENDION" IN PENOLI, IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | EXAMINER'S N. HUGA | STO P. Rod | riquez | ADDRESS 5009 | Caypum Ch. | Brownednings, Mil |
| DA PERE | 23a. B | URIAL, CREMATION, REMOVAL 2 | | L. NAME OF CEMETERY | RCREMATORY | 23d. LOCATION | COUNTY 74 STATE |
| BP | | Burial | 2/23/1982 | Ft.Lincol | | Brentwood | Pr Gen Md. |
| 1503 DHMH-17 | 24 F | NAME NAME NAIL | | Mt. Kainie | r, 250. DATE | B 285 1982 | WHEN THE PARTY OF |
| (VR A15 ME (5)) | | | Inc. | Md. | | • | |

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| Released by Medical Examiner | IIMOKE, MAKTLAND 21201 | 1 | - |
|--|--|------|------|
| O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havis ofter death. Page etained by the hospitol or attending physician. | be executed within 24 haurs ofter death. Page | M | 5.60 |
| TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral different that have been stated by detection to the following the filled within 72 hours after the detection of the filled within 72 hours after the filled within 72 hour | on ond completely filled in by the funeral directions. S. Pages 1 and 2 shauld be filed within 72 four offi | 1000 | |
| Within State Deept, at receim on a more and space profit a derior, combiner, at emporal. (MPORTANT: If them 21 is morked or Item 18 shows any injury, or ather troumotic event, the medical exominer must be notified at ance. | e medical examiner must be notified by once. | | |
| 1 - 9 | 3/8:3/ | | |

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REGISTRAR | | | | | REG. N | 10. | | |
|-----------------------|--|--|--|--|---|--|---|---|-------------------------------------|
| | CEASED NAME FIRST | | WIDDLE | L/ | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR P |
| | Albert | Edwa | ard B | ECKFO | RD Jr. | February | 3 | 1982 | 11.25 |
| 3. SE) | | 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BE | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | ale | White | | June | 18, 1932 EAR | 49 | YRS | MONTHS DAYS | HOURS MIN. |
| M | RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland ITY OR TOWN OF DEATH | U.S.A | | MARRIED WIDOWE | NEVER MARRIED | 9. BALTIMORE CITY 9 Prince G 120. USUAL OCCUPAT (TYBUITTING | eorge | S 126 KIND C | M F 8USINESS O |
| USUA 13a. S | STATE ISS CO | Doctor Doctor Doctor Doctor Doctor Doctor Doctor Doctor | S Hospit GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Seabrook | ADMISSION) | Pr. Geo. Co | 13. STRFET ADDRESS | | | ruction |
| | ATHER'S NAME | dward | Beckford | , Sr. | 15. MOTHER'S MAIDEN NA Edith | AME MIDDLE | | Simmer | s |
| | VAS DECEASED EVER IN U.S. | ARMED FORCES? GIVE WAR OR DATES) | 166. SOCIAL SECUI 577 42 2 | | Carolyn Becl | ADDR kford Same | | 3 (Wii | (e) |
| | | | | | | | | | |
| | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | SEĎ BY IATE CAUSE (¤) | fine for (a), (b), and | Conc | dial Info | arction | | APPROX BETWEEN | MATE INTERVAL DUSET AND DEATH |
| | PART I. DEATH WAS CAU | SEĎ BY ATE CAUSE (a) DUE TO, O (b) DUE TO, O | fine for (a), (b), and R AS A CONSEQUE | NCE OF | tial Info vere Corr | anction oneny ent | | الحمال | 5 |
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| MEDICAL CERTIFICATION | PART I DEATH WAS CAU MMED | DUE TO, O (b) DUE TO, O (c) T CONDITIONS CO T CONDITIONS CO 19b. COND T CONDITIONS CO P. 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, S1) potol) attended the | R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA THE CONSEQUE TH | NCE OF NC | NOT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCUR 216. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING | 200 AUTOPSY? YES NO CITY OR TO death occurred on the death occurr | 20b. IF YE IN CERTIII YE URY IN ITEM 18 | VEN IN PART TO | STATE |

DHMH - 16 50M 1/81 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

136 DATE REC'D. BY REGISTRANDO REGISTRAN'S SACHATURE

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MARRIAGON

STATE OF MARYLAND

| 1 DEC | REGISTRAR | | | SHEET SERVICE | | ICATE OF DEATH | REG. N | | | MEM. |
|-----------------------|--|--|--|--|-----------------------------------|---|--|--|---|---|
| | CEASED NAME | FIRST | MIDO | N.E | ı | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
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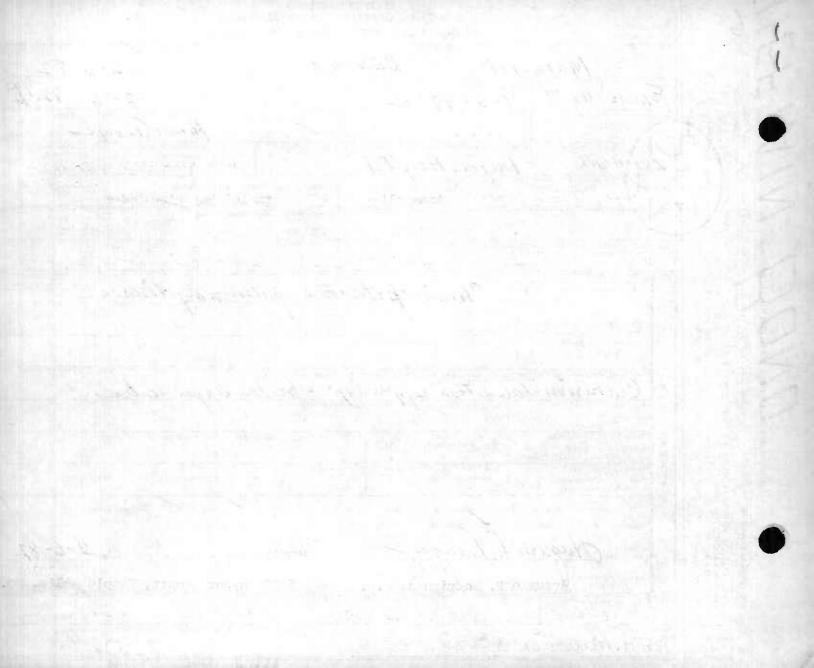
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| DIFECTOR. UR FILES. STREET, STREET, | male White | | YEAR 6. AGE (IN YEARS IF U LAST BIRTHDAY) MON | | PRONOUNCED DEAD | 2-6 1982 | 2 29 4 |
| SMa | RTHPLACE (STATE OR REIGH COUNTRY) aryland | 76. CITIZEN OF WHAT U.S.A. | WIDO | | Brince | TLONGE | MD |
| 83 4 | GIN N GM | DOC FOYS | AL, NURSING HOME, OR OT Y, GIVE STREET ADDRESS! | | USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE) MUSIC Teache | OR INDUS | TRY |
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| E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURIAL, CREMATION, OR REMOVAL. | PART 2 OTHER SIGNIFICANT CONDITIONS CONTROL SCONT | ONTRIPUTING TO DEATH BUT LOCAL FEB | A CONSEQUENCE OF NOT RELATED TO THE TERMINAL DISEA NOT RELATED TO THE TERMINAL DISEA | P - mo l'en | | inture 2D AUTOPS | |
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| BALIMORE, MARYLAND, 21201 | 22a. I certify that I took charge death resulted from Noture ACTUAL SIGNATURE SYMME EXAMINER'S NAME (TYPE OR PRINT) | ol couses A. Ac | cident . Suicide . | Homicide , U TITLE (SPECIFY) M.D. Deputy | MEDICAL EXAMINER | DATE SIGNED 2-6. Temple Hill | - 82 20748 Ls, Md. |
| 230.B) | URIAL, CREMATION, REMOVAL 23 | | 230. NAME OF CEMETERY Hopewe | OR CREMATORY 2 | allocation city or town Port Deposit | county t Cecil Mar | state yland |
| 24 5 | UNERAL DIRECTOR | 3.6. | _ | 250. DATE REC' | D. BY REGISTRAR 256 RE | EGISTRAR'S SIGNATURE | |



rs. Pages 1 and 2 should be

| CHARLES BERRY | | 1. | FOR - STATE REGISTRAR | | DEPART | MENT OF | E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH | IENE 8 2 | 0. | 0 4 9 | 8 / | | |
|--|----|------------|--|----------------|-------------------------------------|------------------------|---|--------------------------------|---------------|---------------------|-------------------------------|--|--|
| 3. SEX 4. RACE Black B | | | | | MIDDLE | - E 19 | ASI | 20. DATE OF DEATH | MONTH | | 26 HOUR | | |
| MARIE Black March 8, 1920 78. BIRTHPLACE STATE OFFOREOR M. CHUZEN OF WHAT COUNTRY? WARRED NEVER MARRIED PRINCE GEORGES NARRED NEVER MARRIED PRINCE GEORGES NARRED NEVER MARRIED PRINCE GEORGES 118. CHY OR TOWN OF DEATH CHEVERLY PRINCE GEORGES 119. NAME OF HOSPITAL NUISING HOME OR OTHER INSTITUTION PRINCE GEORGES 110. CHY OR DOWN OR OTHER PROJECTION OF SERVING HOME OR OTHER INSTITUTION PRINCE GEORGES 110. CHY OR DOWN OR OTHER PROJECTION OF SERVING HOME OR OTHER INSTITUTION M. WAS INTERESTITUTE THE NUISING HOME OR OTHER INSTITUTION M. WAS INTERESTITUTE THE NUISING HOME OR OTHER INSTITUTION M. WAS DECEASED EVER IN U.S. ARMED FORCES? 108. STORE NO 158. COUNTY 159. STORE AS # 13 above 118. CAUSE OF DEATH Enter only one couse per line for 101. (b), and 101. 119. CHY OR DOWN OWN (If YS, ONE WAR OR OATS) Unknown Testelle Berry-Same as # 13 above 118. CAUSE OF DEATH Enter only one couse per line for 101. (b), and 101. 119. CHY OR DOWN OWN (If YS, ONE WAR OR OATS) Unknown Testelle Berry-Same as # 13 above 118. CAUSE OF DEATH Enter only one couse per line for 101. (b), and 101. 119. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 100. MARRIED 100. 119. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 100. W | | | | S | Н | | BERRY | | 02 | 14 82 | 10:30A _M | | |
| The properties The | 41 | 3 SE | | 4. RACE | 5) 10 1 | | | 6 AGE (IN YEARS LAST BIRTHDAY) | | | IF UNDER 24 HRS HOURS MIN. | | |
| Md. U.S.A. WROWED NORCED DOORCED DOORC | | | Male | | Black | | | 61 | YRS | | Mild. | | |
| 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINING CHEVERLY 126 KIND OF BUSINING CHEVERLY 126 KIND OF BUSINING CHEVER 126 KIND OF | 2 | | COUNTRY | | | ? 8 MARRIE | D A NEVER MARRIED | CALL THE CALL TO SERVICE | _ | | | | |
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| 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18b. SOCIAL SECURITY NO. 18b. SOCIA | 0 | | FIRST | MIODLE | | | FIRST | | | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gover rise to immediate couse (a), stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to YES NO FER NOTE OF OPERATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CAUSES OF DEATH (# ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED AT WORK 19 21d. INJURY OCCURRED AT WORK 19 21d. HOME STREET AT WORK 19 21d. HOME STREET, FACTORY OFFICE, FARM ETC) STREET CITY OR TOWN COUNTY 19 52, not that (i) (SOW the deceosed drive on obove, (i) (we) (did) (did not) view the body ofter death. | 1 | | WAS DECEASED EVER IN U.S. ARA | | ED FORCES? 166. SOCIAL SECURITY NO. | | 17 INFORMANT | | ADDRESS | | | | |
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| OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22d. I certify that (1) (this hospital) attended the deceased from 2/4, 19/82, and that in (my) (our) opinion death occurred on the date and hour and from the couses showing, (1) (we) (did) (did not) view the body ofter death. | | NO | | | | | | | | | | | |
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| 220.1 certify that (1) (this hospital) attended the deceased from 3/4, 19 82, to 3/14, 19 82, that (1) (sow the deceased alive on 3/14, 19 82, and that in (my) (our) opinion death occurred on the date and hour and from the causes showe, (1) (we) (did) (did not) view the body after death. | | | OR CONTRIBUTING CAUSE OF DEATH HOUR A. | | I.M. MONTH DAY YEAR | | | RED (ENTER NATURE OF INJU | IRY IN ITEM 1 | 8 PART OR PART 2) | | | |
| sow the deceased alive on 2/14 19 82, and that in (my) (our) opinion death occurred on the date and hour and from the causes showe, (1) (we) (did) (did not) view the body after death. | | MEDI | WHITE NO! WHITE | | | | CITY OR TO | NWO | COUNTY | STATE | | | |
| 226. SIGNATURE O D DEGREE 226. DATE SIGNED | | | sow the deceased alive on 2/14 19 82 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated | | | | | | | | | | |
| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DI | | | She | ain 11 | | ATTENDING PHYSICIAN | | | 220. DATE | 14/82 | | | |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS P.G.C. H. CHEVERIY W.A. 202 | | 8 | - 1 | | | | | | и. Л | 21765 | | | |

231. NAME OF CEMETERY OR CREMATORY

United Meth. Ch.

23d. LOCATION

Md .

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

23b. DATE 2-19-82

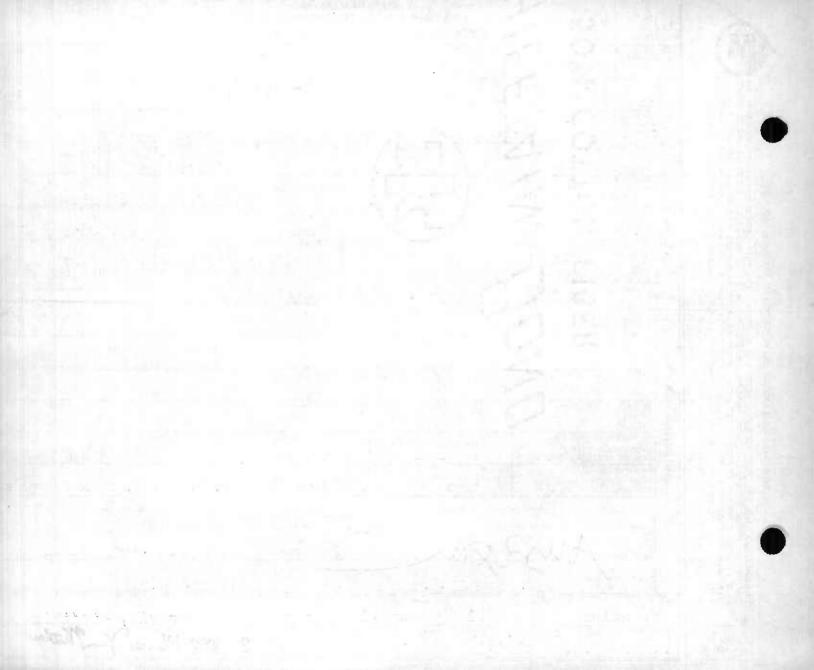
S. WASHINGTON & SONS 4925 BURROUGHS AVEN.

TO FUNERAL DIRECTOR.

should be detached far use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If Hem 21 is marked at Item 18 shaws any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-PHILIP 82 BLACK DEATH MATED X E PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTO FOLKIN PM. 3. RETAIN PAGE 5 FOR YOUR FILL FE I AND 2 SHOULD BE FILED WITHIN 72 HOU ON OF WITAL RECORDS, 201 W/PRESTON STREE 4 RACE IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 82 July 25,1948 DEAD 33 YRS male white 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED Maryland United States DIVORCED Prince George's ID. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 5803 East Pine Estimator Riverdale Roofing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George Riverdale 130. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 5803 East Pine Drive YESX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Raymond Black Edna Thompson 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS 64. WAS DECEASED EVER IN U.S. ARMED FORCES? 216-50-7848 Cynthia Eunsil Black, Same as #13 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a E 3 SHOULD E DEPARTMENT OF HE 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR ACK MONTH DAY UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 10 P.M. 2-24-Self-inflicted 21e PLACE OF INJURY (ATHOME. 71d INJURY OCCURRED 5803 East Pine EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. AT WORK AT WORK STREET, FACTORY, FARM, ETC.) Dr., Riverdale, Prince George's home Autapsy 22a. I certify that I taak charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 2-25-82 Ann M. Dixon, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE T 23c. NAME OF CEMETERY OR CREMATORY F882 26, Metropolitan Crematory Alexandria Cremation 24 FUNERAL DIRECTOROBERT A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 256 REGISTRA **DHMH - 17** Homes, P.A. Rockville, Maryland (VR A15 ME (5) 15M 2/80



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

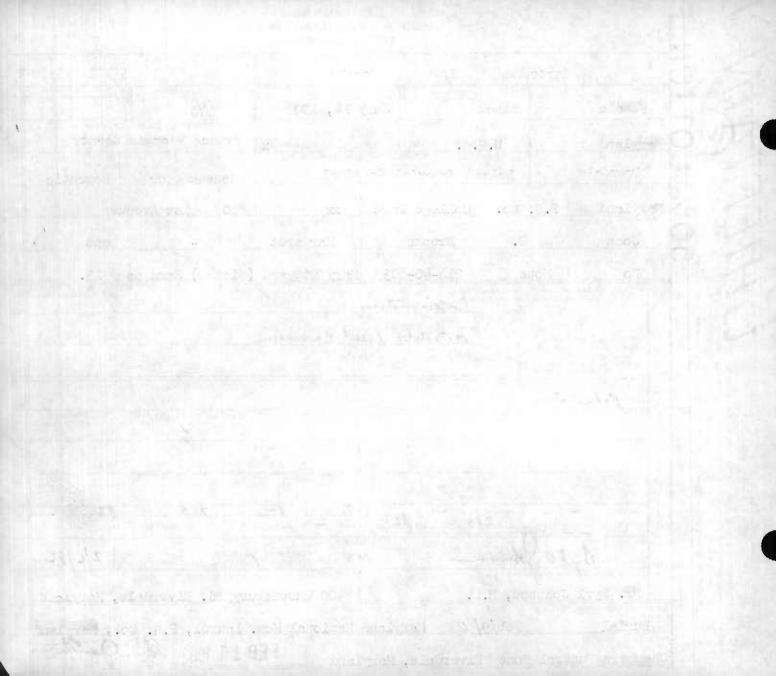
STATE OF MARYLAND

PROPERTY BUILDING The point about 10001 the formation of the first ampleted that I ample to 470 A 1031 D the thirty GATEL SIME SIK GE PHELLEND

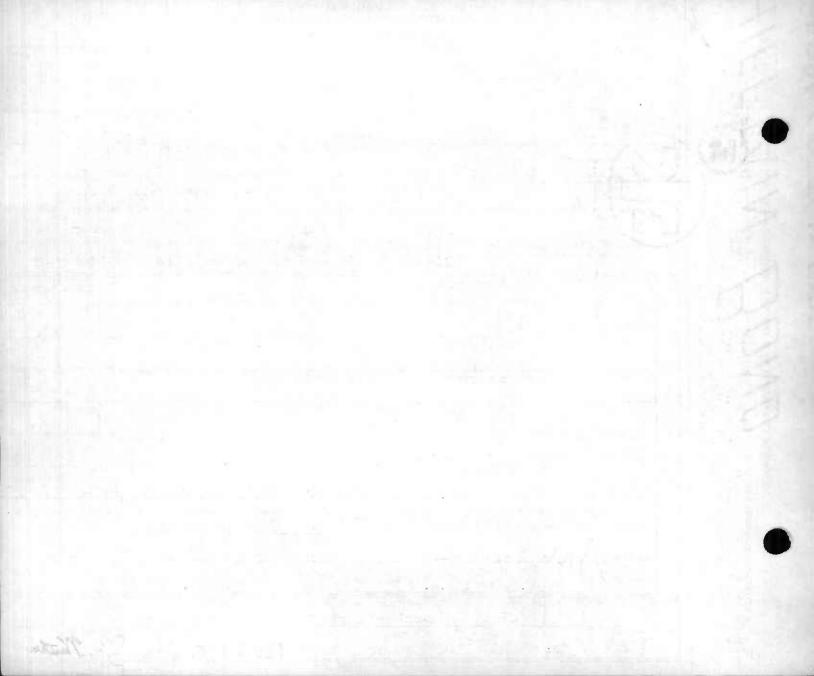
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| | 1. | FOR STATE REGISTRAR | | | DEPAI | RTMENT OF | E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH | GIENE 8 2 | 04991 | |
|--|---------------|--|---|---------------------------|--|--------------------|--|---|---|------------------------------|
| . E | | CEASED NAME OR PRINT) | FIRST | | WIDDLE | | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | |
| nay be poge 3 | | | Gertru | | Ε, | | ooks | 2 | 5 82 5:20 | $\underline{\mathbf{P}}_{M}$ |
| mo frece | 3 SE | X | | 4. RACE | | | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIL | 15 |
| 1 1 | | Female | | Black | | Jul | y 14, 1906 AR | | RS | 4. |
| (M)3 | Ma | RTHPLACE (STATE O | | U.S. | | MARRIE | | Umai man Consec | | MD |
| the state of the s | | riverdale | | Lelan | d Memori | Lal Hos | or other institution | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housekeeper | 126 KIND OF BUSINESS C INDUSTRY Domestic | OR |
| y filled in should be | Ma | AL RESIDENCE (IF NU STATE LTYLAND | 13b COUN P. G. | | GIVE RESIDENCE BEF 13c. CITY OR TO College | | 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS 8108 51st A | | |
| ompletely ond 2 sh | 14. FA | THER'S NAME FIRST John | | W. | Brook | S | 15. MOTHER'S MAIDEN N FIRST Margaret | MIDDLE | Dent | |
| ond co Pages 1 | | VAS DECEASED EVE YES, NO OR UNKNOWN) | | WAR OR DATES) | 216-40 | | 17 INFORMANT | ADDRESS (Sister) Same | | |
| quires that the death certi- signed by the attending p hen please remove corbon to burial, cremation, or rem ijury, or other traumatic ev | NO | Canditions, if an gove rise to in cause (a), statu underlying cause | y, which nmediate ing the se last. | (c) | R AS A CONSEC M Italy R AS A CONSEC | te la QUENCE OF | ust Careinon | MINAL DISEASE OR CONDITION | N GIVEN IN PART 1/a | |
| The low re- tion. e hos been it permit. If giene prior hows ony it | CERTIFICATION | 19a DATE OF OPER | | 19b COND | ITION FOR WHI | CH OPERATIO | N WAS PERFORMED | YES NO NO | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO | |
| irisician: The ding physician is certificate his buriol-transit physician in them 18 show or frem 18 show | MEDICAL CE | 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY ME | CAUSE OF DEAT | | | DAY YEAR | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITE | M 18 PART I OR PART ?) | |
| of PHYS patendir fer this ss the bu h and M inked or | MEDI | 21d. INJURY OCCU | VHILE | 21e PLACE (AT HOME STI | OF INJURY REET, FACTORY, OFFIC | E, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | |
| OR ATTENDING OR ATTENDING OF DIRECTOR: A packed for use Dept. of Health of H | | 22a. I certify that (sow the decea abave, (1) (sue) 22b. SIGNATURE | sed olive on | 2/ | 5 10 | 9.4 | nd that in (my) (our) opinion | n death accurred an the date one | hour and from the couses stated | ast |
| AL THE | 3 | 22d. PHYSICIAN'S | UD. | Moren | | - | ATTENDING PHYSICIAN 122e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 2/6/82 | |
| CO HOSPIT efpined by TO FUNER should be a with the Sta | | Dr. Byrl | Johns | on, M.D | | | 4400 Queens | bury Rd. River | dale, Maryland | |
| BP | (| ourial, cremation specify) Burial | , REMOVAL | Feb/9/ | | | emetery or crematory l National Me | CITY OR TOWN | COUNTY STATE | |
| DHMH - 16 50M 1/81 (VRA 15, 4) | 100 | oneral director ambers Fu | neral] | Home R | ADDRESS | 5 | 25a D | ATE REC'D. BY REGISTRAR 256 | ISTRAR IGNALITY | |



| | 6 | 11- | FOR STATE | | | | ENT OF HE | | ID MENTAL H | The state of the s | 2 | 0 | 4 7 | 9 | 2 |
|-------------|--|---------------|----------------------------|---------------------|--------------------------|-----------------|-----------------|--------------------|-----------------------|--|-------------------------------|---------------|------------|---------------|----------------------|
| | 1 | | REGISTRAR | | MEI | | CAMINER | 'S CER | TIFICATE O | F DEATH | REC | S. NO. | | | |
| | | | CEASED NAME | FIRST | | MIDDLE | | LAST | | 20. E | OF ESTI- | N X MOH | NTH DAY | YEAR | 2b. HOUR |
| | ET. 85.8.8. | | | JAMES | | | | BRO | WN | D | EATH MATER | 0 0 2 | 2 17 | 19 82 | M |
| | PLEASE ECTOR. P FILES. HOURS STREET, | 3. SE | X 4 | RACE | 5. DATE OF BIRTH | VE AR 6. | AGE (IN YEARS | IF UNDER | 1 YR. IF UNDER | | DATE | MÓN | TH DAY | YEAR | 2d HOUR 4:45 |
| | DRECTOR. DRECTOR. OUR FILES. 172 HOURS | m | ale | nearo | 5 12 DAY | 928 | 53 YRS. | WON1H2 | DAYS HOURS | MIN. PRO | NOUNCED DEAD | 2 | 2 17 | 19 82 | 4:45 |
| | SET ES | 70. B | IRTHPLACE (STA | | 76. CITIZEN OF WE | IAT COUNTR | Y? 8 A | AARRIED 4 | NEVER MARRI | 9. B. | ALTIMORE CI | TY OR CO | UNTY OF | HTAB | |
| | SEE V | 2 | N | .C. | USA | | | DOWED (| DIVORCI | | Prince | Georg | ne's (| County | / MD. |
| | () () () () | 10. C | ITY OR TOWN O | F DEATH | TI. NAME OF HOS | | | OTHER IN | ISTITUTION | 120 USUAL | OCCUPATION OF WORKING LIFE | (TYPE OF WO | ORK 12b KI | ND OF BUS | INESS |
| | \$83.20I | 2 | Greenbel | † | 9160 Spr | | | | / | FOR MOST | OF WORKING LIFE) | | | (II 4 DOSIKI | |
| 5 | Y DE OFFI | USU | AL RESIDENCE (I | | OR OTHER INSTITUTION, GI | RESIDENCE BEF | ORE ADMISSION) | hadi | INSIDE CITY LIMITS? | 13. STREET | ADDRESS | | | | |
| 21201 | SECOND AN | 5 | Md | 134,0001 | | Balt | imore | | S. NO Z | 1327F6 | E. 0] | Liver | Str | eet | |
| WD. | 7. F | 14. F | ATHER'S NAME | | MIDDLE | 146 | | 15 A | MOTHER'S MAIDE | NAME | WIDDLE | | | tast | |
| | OSE SE | | Swails | | MODIE | Brown | Ţ | (| Corine | | MIDDLE | | Brow | 'n | |
| WO | PAG DRW S1A | 166 | WAS DECEASED | EVER IN U.S. AR | RMED FORCES? | | L SECURITY NO | | NFORMANT | | ADDI | | | | |
| BALTIMORE, | A GE ISIO | | YES, NO, OR UNKNOW | (R YES, GIVI | E WAR OR DATES) | 244- | 48-81 | 25 I | Coretha | Brow | n 2716 | 5 E. | Oliv | er S | t |
| | WIT WIT | | 18 CAUSE OF | DEATH (Enter a | nly ane cause per line | far (a), (b), o | nd (c).) | | | | | | A | PPROXIMATE I | NTERVAL AND DEATH |
| N ST | P. P. S. P. | | PARTIDEA | TH WAS CAUSE | ED BY: | <i>lultipl</i> | e guns | not w | ounds (h | andgun |) | | BETT | VEET ONSET A | OLD DEATH |
| PRESTON | AZ ZZ AZ ZZ III | | 1960 | 7 0 | | AS A CONSE | | 7.7 | 100 | | T | | | | TOTAL |
| , a | ANSIA REM | | | , if ony, which | | | | | | | | | | | |
| * | SALA SEN | 1 | cause (a) s | tating the under | | AS A CONSE | QUENCE OF | | | | | | | | |
| 201 | D WILL | | lying cause | e last. | (c) | | | | | | | | | | |
| , so | A A BUR A SEC | | PART 2 OTHER SIGN | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED | TO THE TERMINAL | DISEASE OR CI | DNDITION GIVEN IN PAR | RTIO | | | | | |
| RECORDS | BE E NOIN | NO | | | | | | | | | | | | | |
| 8 | SE VERENTE LA | CERTIFICATION | 196. DATE OF | DPERATION | 196 CONDIT | ION FOR WI | HICH OPERATION | ON WAS PE | ERFORMED? | | | | 20 A | AUTOPSY? | |
| VITAL | SSE SPECIAL SE | Ě | 176 | | JULY AREA | | | | | | | | | YES X | NO 🗌 |
| OF. | AEN | 3 8 | 216. EXTERNAL | | 21b. TIME OF | MONTH D | AY YEAR | Tic HOW I | NJURY OCCURRE | D LENTER NATUR | E OF INJURY IN ITE | M 18 PART 1 C | OR PART 2) | | |
| DIVISION OF | ON THE COUNTY | 7 3 | UNDERLYING CONTRIBUTING | G CAUSE OF | | 2-17- | | Sub i | ect was | shot. | | | | | |
| S S | ED ING | MEDICAL | 21d. INJURY OC | | 21e. PLACE (| OF INJURY | AT HOME. 2 | IL LOCATION STREET | ON | | Y OR TOWN | | COUNTY | | STATE |
| ō | ARD | 2 | WHILE AT WORK X | NOT WHILE | | da. | | | Springhi | | e.Greer | helt | | e Geo | |
| | E. TE. | | | | ge of the remains des | -9- | | | X, Inspection | | iquiry . | | y apinian | 000 | Md. |
| | A S S S S S S S S S S S S S S S S S S S | | death resulted | | ural causes . | Accident [| . Suicide | 1 1 | Homicide . | | ned monner | | iy apıman | | . 10 |
| | IN BEC | 10 | Gediti Tesoriec | A-a | Jidi caoses | Accident | J, Soicide | - | TITLE (SPECIFY) | Ondetermin | led monner L | | | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ACTUAL SIGNATURE_ | Mhh | D 1/0 | | | | Assistan | † MEDICAL | EVAMINED | | ATE GNED | 2-18-8 | 32 |
| | SET | 7 | Jacob Tone | VIIV | 2010 | | | | | MEDICAL | EXAMINER | SK | GNED | | - |
| | S S S S S S S S S S S S S S S S S S S | 4 | EXAMINER'S IN | | M. Dixon, | M.D. | | ADDI | RESS 11 | 1 Penn | St. | | | | |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DESCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT OF HALLH AND MENTAL HYGIENE, DIVISION OF YIJAR RECORD BALLMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | 23o.E | SURIAL, CREMATI | | 23b. DATE | 23c. NA | ME OF CEMETI | | | 23d. LOCAT | ION | | COUNTY | | |
| .0. | BP | 1 | Buri | al | 2/23/82 | Nor | theas | tern | Cem. | _ | ky Mo | | COUNTY | N.C | |
| 024 | 3 | 24. [| UNERAL DIRECT | OR | | | | | 25g, DATE R | | SISTRAR 256 | | R'S SIGNAT | | |
| 001 | DHMH - 17 (VR A15 ME (5)) | Wi | liam | C. Mar | ch F/H 1 | 101 E | . Nor | th Av | ve FE | B 194 | 1982 2 | I mag- | Van | Mouth | au |
| | 15M2/80 | | | | | | | | | J - V | WILL JUL | Child Arrive | 11 | | |



| | 1. | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE 8 2 C |) 4 9 9 3 |
|--|---------------|---|--|---|--|--|
| ay be age 3 death | | CEASED NAME FIRST | MIDDLE | Buckler | 20 DATE OF DEATH MONTH | 21/82 925 M |
| ge 4 may | 3. SE | × 7e | White, | June 13 1892 | 6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS | FUNDER TYEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN |
| deam Poo | N | RTHPLACE (STATE OR FOREIGN OUNTRY) 1d: PG Co. | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DO DIVORCED DIVORCED | P C C | MD. 12b, KIND OF BUSINESS OR |
| by the further described with | | Clinton | Clinton Conv | ADDRESS) | 126 USUAL OCCOPATION (TYPE OF WORK FOR MOST OF WORKING I Housewife | INDUSTRY at home |
| hin 24 hau ily filled in should be | 13a. | Md. P | ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TOV 7 Co. 7t. Was | hington YES A NO | 130 STREET ADDRESS 9404 Old Pala | ner Rd. |
| mpletely fond 2 sho | II. F. | ATHER'S NAME FIRST Andrew | MIDDLE LAST Kirby | / IS. MOTHER'S MAIDEN NA FIRST Ella | WIDDLE | Thorne |
| on ond co | | WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN | RMED FORCES? 166 SOCIAL SEC 577-842 | | ar 6510 Pepin Dr. | , Upper Marl, M |
| physical physical physical property went, the | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per line for (o), (b), o ED BY: STE CAUSE (o)ST_ | ndicti ROCK. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| death ceri attending ave carba attan, ar re aumatic e | | Conditions, if ony, which | DUE TO, OR AS A CONSEOU | JENCE OF CLUBSIS | | |
| of the by the se rem cremo | | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEOU | pence of ension | | |
| equires n signed Then pli ta buri injury, o | N O | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION G | IVEN IN PART 1(a) |
| on he law range on the prior ows on y | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | HOPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \(\text{NO} \) |
| HYSICIAN: The lo ding physician is certificate has burial-transit per Mental Hygiene I Arem 18 shows. | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER | HOUR A.M. MONTH | | RED (ENTER NATURE OF INJURY IN ITEM 18 | , PART 1 OR PART 2) |
| G PHYS | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE T | 210 PLACE OF INJURY VAT HOME, STREET, FACTORY, OFFICE | FARM, ETC.) 211 LOCATION STREET | 1 A CITY OB TOWN | COUNTY STATE |
| 30000 | | saw the deceased alive a | n 2 27 19 | 2 26 2 19 8 3 apinion | death occurred on the date and ha | our and from the causes stated |
| P P P P P P P P P P P P P P P P P P P | | 22b. SIGNATURE | Algaroh | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 27c DATE SIGNED 2/27/82 |
| 0 0 0 0 0 | 1 | G NOSSON | ALJANA | B) (13) P1 | scataway Rd | clinton MD |
| BP | 230 | BURIAL, CREMATION, REMOVA (SPECKY) Burial | 3/2/82 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | 234 LOCATION CITY OF TOWN Suitland Pr | county STATE |
| DHMH-16 20M (VRA 15, 4) 7/78 | 24 6 | UNERAL DIRECTOR | .6160 Funeral Home (| Oxon Hill Rd. 250. DA | MAR 4 1980 | STRAR'S SIGNATURE |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 7a. DATE OF DEATH 2b HOUR (TYPE OR PRINT) 16 1982 MARGUERITE BURNS FEB 7:02a M IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3. SEX CAIL 06 1894 FEMALE MAR TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY CONNECTICUT USA WIDOWED X IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! ANDREWS AFB MALCOLM GROW USAF MEDICAL CENTER HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CUTY OR TOWN 13c. CITY OR TOWN 13e. STREET ADDRESS MARYLAND PRINCE GEORGE FORESTVILLE 2616 New Glen Ave 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MARTIN BERTHE WILLIAMS BETTUS ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATEST IYES. NO OR UNKNOWN 098-22-4419 MARGUERITE TRAINOR 2616 New Glen Ave NO APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH CARDIOGENIC SHOCK 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY CARTINGENIL SHOCK DUE TO, OR AS A CONSEQUENCE OF ACUTE INFERIOR MYOCARDIAL INFARCTION INFERIOR MYOCARDIAL INFARCTION Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (I) (this hospital emoded the deceased from l'eb. sow the deceased alive on above (II (we) (did) (did not) view the body after death our) opinion death occurred on the date and hour and from the causes stated 27h SIGNAPHR 22¢ DATE SIGNED ATTENDING

22e. ADDRESS

231. NAME OF CEMETERY OR CREMATORY

1982 Lee's Crematory

the Sto

Cremation 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 50M 1/8 (VRA 15, 4) 663B Old Alexander Ferry Road, Clinton, MD

23g. BURIAL CREMATION, REMOVAL 23b. DATE

MICHAEL W. LISCHAK, CAPT, USAF, MC

MALCOLM GROW USAF MEDICAL CENTER

Washington, DC

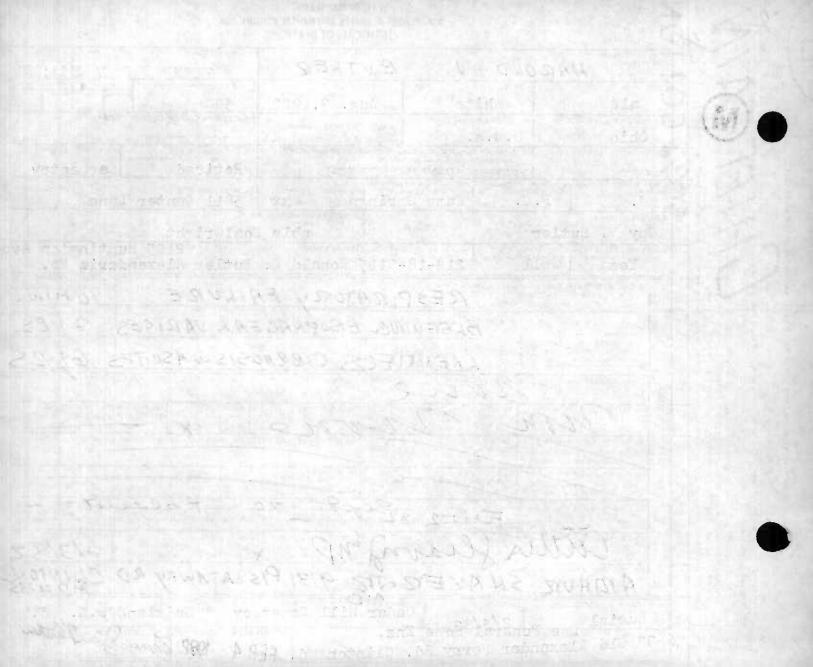
STATE

PHYSICIAN DIRECTOR PHYSICIAN

ANDREWS AFB MD 20331

Trenstion . Teb. 17. 198 Lee's Crometory Cashington, old set 6638 Gld Wexander Renny Road, Glinton, ID FEECS NAM Zames No. 1884

(VR A 15 (4))



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| | 1, | STATE REGISTRAR | | | MED | ICALE | EXAMIN | ER'S C | ERTIFIC | CATEC | F DEA | ATH | DEC. | 3. NO. | • | | | |
| | 1. DI | CEASED NAM | E FIRST | | | WIDDIE | | | AST | | | 2a DAT | | | MONTH | DAY | YEAR | 26 HOUR |
| 120 | 110 | PE OR PRINT) | MAUR I | CE | | E. | | R | UTLER | TI | | OF DEAT | ESTI- | ** | 2 | 4 | 1982 | |
| 88 | 3. SE | X | 4 RACE | 5. DATE O | OF BIRTH | | 6. AGE (IN YEA | RS IF UNI | | JR . | | 2c. DA | | | NONTH | DAY | YEAR | 2d HOUE |
| | m | ale | negro | MONTH | 28- | YEAR 1951 | 30 YR | Moratri | DAY\$ | HOURS | MIN. | | UNCED | | 2 | 1 | 1982 | 6:30 |
| j | 70 E | IRTHPLACE (S | | | EN OF WHA | | | 2 | | | | | IMORE CI | TY OR C | | | | La M |
| 5 | 4 | DREIGN COUNTRY) | 0 | | 11 0 | A . | | WIDOW | D NEV | | | | nce (| _ | | | | |
| + | 10 C | WASH . I | OF DEATH | II. NAM | U.S. | | RSING HOME | | | DIVORC | | | CUPATION | | | | ND OF BU | |
| 1 | | Cheverl | | Prin | ce Ge | orge | s Gen. | Hos | | | FOR | MOST OF W | PLOYE |) | W OAK | OF | NONE | RY |
| - | | AL RESIDENCE STATE | JIF IN NURSING HOME | | TITUTION, GIVE | | OR TOWN | | 13d. INSIDE CI | TY LIMITS? | 13e. STR | REET ADD | DRESS | | | | | |
| | | D.C. | | NONE | | WAS | HINGTON | V | YES 🗌 | NO 🔯 | | 1331 | MON' | rell | ,0 | AVE | . N. F | E . |
| | 14. F | ATHER'S NAM | E | WIDDLE | | | LAST | | 15. MOTHE | R'S MAIDI | EN NAME | | MIDDLE | | | | LAST | |
| 1 | | MAUR | | E. | | UTLE | | | | UREL: | IA | | | | D | AVI | | |
| | 16a | WAS DECEASE | DEVER IN U.S. AF | RMED FORC | ES? | 16b. SOC | IAL SECURITY | NO. | 17. INFORM | | | | ADDI | RESS | | | | |
| > | | NO | 49 720,017 | | - | 578- | -70-40 | 75 | AUREL | IA I | BUTLE | ER | SAME | AS | I | TEM | #13 | 3 |
| | | 18 CAUSE C | OF DEATH (Enter a | inly ane cau | se per line fo | | | | 100 | | | | | | | I AP | PPROXIMATE WEEN ONSET | INTERVAL |
| | 13 | PARTIDI | EATH WAS CAUSI | ED BY: ATE CAUSE | C | | o-cereb | ral | traum | а | | | | | | BETW | VEEN ONSET | AND DEATH |
| | | 815 |) MONEDIA | | (-) | S A CON | SEQUENCE C |)F | | | | | | | | | | |
| | 12 | Conditio | ins, if any, which | h | /L \ | | | | | | | | | | | | | |
| | 1 | cause (a | ise to immediate) stating the <u>under</u> | < | (b) JE TO, OR A | S A CON | SEQUENCE O |)F | | | | | | | | + | | |
| | | lying car | use last. | | | | | | | | | | | | | | | |
| | 1 | PART 2 OTNER S | IGNIFICANT CONDITION | | (c) G TD DEATH BU | T NOT RELAT | TED TO THE TERMIN | NAI DISEASE | DP CONDITION | CIVEN IN DA | PT 1 in | | | | | | | |
| | Z | | | | | The second | to the leading | WIJERJE | - A COMUNION | OTTEN IN CA | er ((0), | | | | | | | |
| | CERTIFICATION | 19a. DATE OF | OPERATION | 1191 | . CONDITIO | ON FOR V | WHICH OPERA | ATION WA | S PERFORA | MED? | | | | | - | 2D A | AUTOPSY? | |
| | F | 111 | | | | | | | | | | | | | | 1 | | |
| | ERT | | AL CAUSE WAS | | . TIME OF II | | | 21c. HO | W INJURY | OCCURPE | DIENTER | NATURE OF | INJURY IN ITE | M 18 PAPT | 1 08 949 | | YES XX | NO [|
|) | | UNDERLYING | S SOR | H | : 15 XX | 2-4- | DAY YEAR | | ssenge | | | | | | | , | ac+ | |
| | MEDICAL | 21d. INJURY | NG CAUSE OF | | e PLACE OF | | 11 | 211 100 | ATION | 01 11 | dul | 0/11 | Yen (| n Je | 01 | Hillipe | 301 | |
| | ME | WHILE - | NOT WHILE | | STREET, FACTOR | RY, FARM, ET | | "S" | REEL | D- | | CITY OR | ghts, | D. 1 | cou | NIX | onas I | STATE |
| - | 1 | AT WORK | AT WORK | 123 | ro | ad | | 1.2 | | Re | aver | Hel | gnts, | FFI | nce | Geo | orge. | S MO. |
| | | 22a I certi | ly that I taak char | rge al the re | mains descr | ibed abay | ve, held an | Autopsy | \mathbb{Z} . | Inspectia | n . | Inqui | ry . | and in | ту ар | inian | | |
| - | 1 | death result | red fram: Natt | val causes | | Accident | X Suid | cide . | Hamici | ide . | Undet | ermined | manner |], | | | | |
| | | | 1 | ha. | 1 | 1 | _ | | TITLE (SF | PECIFY) | | | | | | | | |
| | 1 | ACTUAL SIGNATURE. | // | IVV | A | W | Ω_ | M-f | | istar | T MED | ICAL EX | AMINER | | DATE | 2- | -4-82 | |
| | - | | K | 1 | D | 0 | | | | | | ICAL CA | CHINEK | | SIONEL | | 4 | |
| | | EXAMINER'S (TYPE OR PRI | NAME NT) A | Ann M. | Dixo | n. M. | .D. | A | DDRESS | 111 | Pen | n St | | | | | | |
| | 23a. E | URIAL, CREMA | TION, REMOVAL | | | | IAME OF CEM | | | RY | 23d. LC | OCATION OR TOWN | 4 | | | | | |
| | 1 | BUR] | IAL | 2-10- | 1982 | MT | OLIV | VET C | EMETE | RY | CITY | VASH] | INGTO | ٧. | D.C | | STA | ATE |
| | 24 F | UNERAL DIREC | | 4-10- | | 1116 | 021 | | 13 | POME! | | | RAR 26. F | | | | URE | |
| | | NAME W W C | CHAMBERS | CO. 5 | ADDRESS | 1th | ST. S.I | E. WA | SH. D | LU. | 11] | 982 | mas | wy | The same | 112 | Water . | |
| | - | 110 170 | DITES IN BIND | 700 7 | - L | a tell | U. T U.1 | - HAZ | Orran) | - | | | | | | | | |

. Townsion Prince Rounge's County Cheverty Sirince Decrigo a Gain Mass, 196641 vs. self-free P. C. The State of the S A THE RELEASE AND A SECOND OF THE PROPERTY. Communications 2-6- 62 Pagencer in auto/fixed object lancet road "5" St. Graver Volenta, Prince Secree's III Fermin. Assess, noTigen, lath,

| 6 | 1. | FOR STATE REGISTRAR | | | DEPAR | TMENT OF H | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 2 | 0 | 4 7 | 9 / |
|---|---------------|---|------------------------------|--|-----------------------------------|----------------|--|---|-------------------|------------------------------|--------------------------------|
| | | ECEASED NAME E OR PRINT) | THOMAS | | .C. | | SYRD | 2a. DATE OF DEATH | 02-18 | 3-82 | 26. HOUR 10:05AM |
| 8 | 3 SE | Male | | race Nec | | | | | YRS | IF UNDER I YEAR | IF UNDER 24 HRS |
| J | So | COUNTRY) Outh Caro ITY OR TOWN OF DEA | Lina | U.S. | | MARRIE | | 9 BALTIMORE CITY PRINCE | GEORGE | S COUN | MD. |
| 4 | I | CHEVERLY AL RESIDENCE (IF NURS) | | PRINC | E GEORGE | S"GEN | ERAL HOSP. | 120 USUAL OCCUPA (TYPE OF WORK FOR MOST Rtd/Smal | OF WORKING LIF | E) INDUSTRY | Fed. Fed. 1.Govt. |
| 7 | 130. 9 | D.C. | 131 COUNTY | | Washin | WN | 13d INSIDE CITY LIMITS? YES X NO 1 | | | Stree | et,S.E. |
| 1 | | Levi | MID | | Byrd | | Sarah | Cha | plin | LAS | |
| 3 | | WAS DECEASED EVER (YES, NO OR UNKNOWN) NO | IN U.S. ARME | | 578-01 | | Thomas Jr. | ongress & Anthony | | (sons) | |
| | | 18 CAUSE OF DEATH PART I. DEATH W. How Conditions, if ony, gove rise to imm couse (a), stating underlying cause | which edicate g the last | DUE TO, OR DUE TO, OR (b) DUE TO, OR (c) | AS A CONSECU | Devel Devel | Quest. Reyporard Questing D | leal Jufe nene | NDITION GIV | | MATE INTERVAL ONSET AND DRAIM |
| 2 | CERTIFICATION | 19a DATE OF OPERAT | | | | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES ☐ NO[★ | IN CERTIF | , WERE FINDIN YING CAUSES | GS USED OF DEATH? |
| 1 | MEDICAL CE | 210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC | AUSE OF DEATH ALEXAMINER) | P.A | л. МОПТН [л. | DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF IN) | URY IN ITEM 18 P. | ARTIORPART?) | The III |
| | MED | 21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR | LE M | 21e. PLACE C | OF INJURY SET, FACTORY, OFFICE | , FARM, ETC } | 211 LOCATION STREET | CITY OR T | OWN | COUNTY | STATE |
| | | 22b. SIGNATURE | d alive onid) (did not) v | ges H | 19 | , or | . 19 | eath occurred on the occurred | date and hour | | |
| | | 234 PHYSICIANS NA | ME (TYPE OR PI | 0 | 0 | | 22e ADDRESS | 0 | 10 | -14 | |

236 NAME OF CEMETERY OR CREMATION, REMOVAL 275. DAI

1236 NAME OF CEMETERY OR CREMATORY PARK

Burial 2/23/82 Harmony Memorial Landover, P.G. Mark

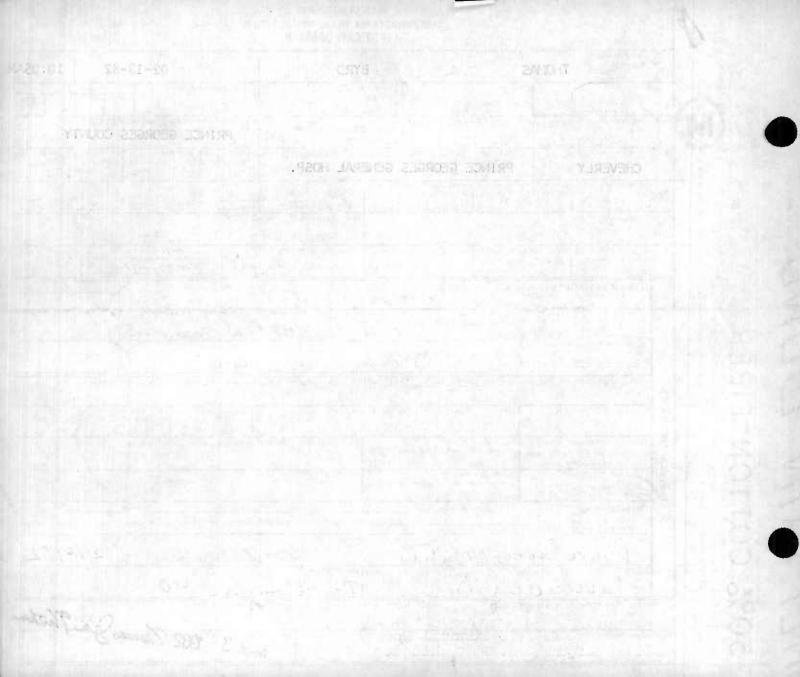
24 FUNERAL DIRECTOR LATNEY'S Funeral Home

3831 Georgia Ave. NW; Washington, DC

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the strain the affected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the state Deat, of Health and Mental Hydishe arian't burial cremation or removal.



Riverdale, Maryland

BEET TO A STREET T . The about the second of the the state of the s Description of the state of the allo annount (no) quadent s center (no - t-company tame) THE RESERVE OF THE PARTY OF THE

DIVISION OF VITAL RECORDS.

Land Sac St and mainspubly st. 1962, No. A.E.D SS , no: maids 8 Surland Christe Wains w Soute , sortal thouse Stwin Chalmers erenis on with seroil Jamisaskori asinas .co xec Light 26. 26. 1982 in int by Lordon B. Melfogf, July 1992 Cardon B. Melfogf, July 1992 Cardon B. Melfogf, Link B. S. S. 1992 Cardon B. Melfogf, Link B. S. S. 1992 Cardon Benegine.

| | 1. | FOR STATE REGISTRAR | | | DEPARTN | ENT OF H | E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH | GIENE B Z | O . | 5 0 | 0 0 |
|--|---------------|---|--------------------------|-------------------|-----------------------|---|--|--|---------------------------------------|--------------|-----------------------|
| | | CEASED NAME | PIRST | | MIDOLE | | AST | 20. DATE OF DEATH | MONTH OA | Y YEAR | 2b HOUR |
| x ke | | | RACH | EL | Т. | CLA | EYS | | 02-24-8 | 2 | 7:05PM |
| ow wood | 3. SE | X | | 4. RACE | | 5. DATE (| | 6 AGE (IN YEARS LAST E | HRTHDAY) IF | UNGER I YEAR | IF UNIOER 24 HRS |
| Page 4 | | FEMALE | | W | HITE | | 10-03 | 78 | YRS. | NIH5 DAY5 | HOURS MIN. |
| a 12 | 7a. B | RTHPLACE (STATE OR FI | OREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY O | F DEATH | |
| deat | | Belgium | | Belg: | | WIDOWE | DIVORCED | PRINCE | GEORGE | 's cou | INTY MD. |
| offer and the state of the stat | | TY OR TOWN OF DEA | o De | PRIN | CE GEORGE | S GE | NERAL HOSP. | 120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif | TION OF WORKING LIFE) | | F BUSINESS OR |
| be be | USU. | AL RESIDENCE (IF NURSI | NG HOME OR | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | AOMISSION) | | | | 210 11 | Olifo |
| Per Ber | | ryland | | ce Geo. | Riverda | | 13d. INSIDE CITY LIMITS? | 6233 Fer | | errace | Ant. 102 |
| 2 sh | | THER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | ME | 1111000 1 | | 20737 |
| and poor | | Martin | | C. | Aspesla | rh | Matilda | WIDDIE | De. | lev | 40121 |
| ÷ 0 | | VAS DECEASED EVER I | | MED FORCES? | 16b SOCIAL SECUI | | 17. INFORMANT | DEP | DECC | | od Terr. |
| n and c | | VES, NO OR UNKNOWN) | Noi | WAR OR DATES) | None | | Mrs.Marion V | 3/1000000000000000000000000000000000000 | ant. 102 | | |
| equires that the deot n signed by the atten Then please remove c rto buriol, crematian, injury, or ather troum | NOI | Conditions, if any, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN | ediate g the last. | DUE TO, © |) whe | (e) | NOT RELATED TO THE TERM | ST Bray | Syndia NOITION GIVEN | IN PART 1(c | - Ju |
| in he low recion. I has been it permit. I there prior nows ony | CERTIFICATION | 19a. DATE OF OPERAT | ION | 196 COND | TION FOR WHICH | OPERATIO . | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V IN CERTIFYIN YES | WERE FINDIN | IGS USED OF DEATH? |
| SICIAN: The Ing physicion. certificate has rial-transit pe ental Hygiene ltem 18 shows | | 210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTICY MEDIC | AUSE OF DEAT | | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 PART | I OR PART 2) | |
| PHYSICI ending p this cert te buriol ad Mento | MEDICAL | 214. INJURY OCCURR | _ | 71s. PLACE | OF INJURY | TATE OF THE PARTY | 211 LOCATION | and the same of th | | / | 1000 |
| offer the street and riked | ¥ | WHILE WORK AND AND THE | D | LAT HEIME STR | EEL FACTORY OFFICE FA | BM, ETC.5 | SIMES | chiper | 11 / | COUNTY | STATE |
| TO HOSPITAL OR ATTENDING PHYSICIA retained by the hospital or ottending part of PLANERAL DIRECTOR: After this certification is declared for use on the buriolation with the State Dept. of Health and Mentain MADRIANT: If them 21 is marked or Item | | 27a I certify that (I) saw the decesse obave (II) live) I is 27b SIGNATURE | d Allymon | offended the | -12-96 | XXIII | ECHEFFI A THURSE | death occurred on the | | 22c DATE | 1 |
| HOSPITAL ined by the FUNERAL wid be detailed to the State ORTANT: | | 22d. PHYSICIAN' N | Trust Ca | mosty | 1 -1 | 400 | 27V-ADDNESS | | Total Street | 1 | 100 |
| o Full hould with the MPOR | 2 | WILLIAM | D. RC | SSON | | | 5701 85TH AV | E. N. CAROL | LTON, M | D. 207 | 784 |
| 5 à 5 à 3 K | 23a B | URIAL, CREMATION, R | REMOVAL | 23b. DATE | 23c N | AME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | -/ |
| BP | - (| Burial | | Feb. 27 | ,1982 Ma: | rylan | d National Me | m.Pk. Lau | | OUNTY | STATE |
| DHMH - 16 50M 1/B1 (VRA 15, 4) | | NAME W. Chambers | | | ADORESS | | 2584 | REL D. BY 1985 TRAI | | delenti | The same |

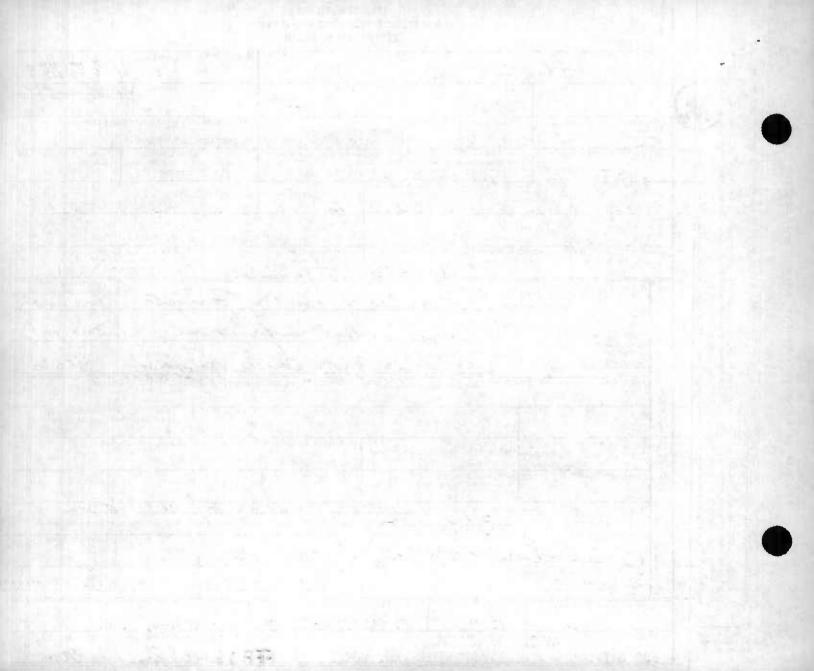
| FRIVLE ON-10-85 72 CLEVERLY PRINCE GEORGE'S GENERAL LOSP. CLEVERLY PRINCE GEORGE'S GENERAL LOSP. CLEVERLY CLEVERLY COLUMN CLEVERLY COLUMN CLEVERLY COLUMN CLEVERLY CAROLLTON, NO. 20759 | 7.1 | RIPALS. | · T | CAS |
|--|-------------------------|---|-------------|--|
| ONEVERLY PRINCE GEORGE'S GENERAL MOSP. LES CONTRACTOR OF THE CONT | 73 | 20-01-00 | STIME | ELIANEE. |
| ONEVERLY PRINCE GEORGE'S GINERAL MOSP. CHAPTER AND THE CHAPTE | PRINCE GENERALES COUNTY | | 172,000 | أرينيون |
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| | 1. | FOR STATE REGISTRAR | | | DEP | ARTMENT | TATE OF MAR' OF HEALTH AN RTIFICATE O | D MENTAL HYG | GIENE 8 . Z | REG. NO. | 0 | 5 0 | 0 1 |
|-----|---------------|---|------------|---------------------------------|-------------------------|-----------------|---|------------------------|-----------------------|----------------|--------------|----------------|-------------------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | | LAST | | 20 DATE OF D | EATH MC | ONTH DA | Y YEAR | 26 HOUR |
| | | | ARY | | E. | | CLAGG | | | | -11-8 | 32 | 12:50A |
| 1 | 3. SE | x Emale | | 1. RACE | | | ATE OF BIRTH | | 6. AGE (IN YEAR | | -MC | ONTHS DATS | HOURS MIN. |
| J. | | RTHPLACE ISTATE OR F | | CAUCA | SIAN F WHAT COUN | | loy 22 | . 1918 | | 63 | | | |
| An | | COUNTRY) . | | | | MA | RRIED NEVE | | 9 BALTIMORE | _ | | | |
| 1 | | ST VIRGINIA | | US. | | | OWED | DIVORCED X | PRI 120 USUAL OC | NCE G | | | MD. OF BUSINESS OR |
| 74 | | CHEVERLY | | | UCH FACILITY, GIVE | STREET ADDRES | S) | ERAL HOS | (TYPE OF WORK FO | | ORKING LIFE) | INDUSTRY | RURANT |
| 20 | USU. | AL RESIDENCE (IF NURSI | 136 COUL | OTHER INSTITUTIO | | BEFORE ADMIS | ION) | E CITY LIMITS? | 13e. STREET AD | | | L Kes u | CICHIOI |
| | | ARYLAND | PG | | LANDO | YER | YES 🔣 | NO 🗌 | 1105 NA | | d. | | |
| 1.1 | 14 FA | THER'S NAME | | MIDDLE | LAS | t | 15. MOTH | R'S MAIDEN NA | | AIDDLE | | . LAS | oT. |
| AL | | CIEVE | | H. | Simm | | | ARTHA | | | | ShingLe | TON |
| | | VAS DECEASED EVER | | MED FORCES? (E WAR OR DATES) | 16b SOCIAL | SECURITY N | | | 35 N. | ADDRESS | h Rd | | |
| 1 | | NO | N | A | 232-8 | <u>8-7738</u> | Ocris | L. Seymoi | UR KEYS | ER W | . VILE | MICH | MATE INTERVAL ONSET AND DEATH |
| 9 | CERTIFICATION | couse (o), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT | lost. | (e)_ CONDITIONS (| | TO DEATH | | | NINAL DISEASE C | Y? 2 | Ob. IF YES, | V IN PART 10 | NGS USED |
| 1 | RTIF | - 7 | | 10000 | | | | | | | YES | | NO [] |
| 9 | | 210. ACCIDENT WAS UND | | | OF INJURY A.M. MONTH | DAY Y | EAR 21c. HOW | INJURY OCCUR | RED (ENTER NATUR | E OF INJURY IN | NITEM 18 PAR | T 1 OR PART 2) | |
| 1 | MEDICAL | (IF EITHER NOTIFY MEDIC | | | P.M. E OF INJURY | | 19 211 LOCA | TION | 92 | | | | |
| | ME | WHILE NOT WHI | ne 🗀 | (AT HOME S | TREET, FACTORY, OF | FFICE, FARM, ET | STE | EET | | ITY OR TOWN | | COUNTY | STATE |
| H | | 22a.l certify that (I) | | tal) attended t | the decorred for | | 1/3/82 | 10 | A | 2/1 | 0/1 | 82 | ab a start a Maria |
| | 8 | sow the decease above, (I) (we) (d | d alive on | M | 11011 | 19 82 | ond that in (n | ny) (our) opinion | death occurred o | n the dote | ond hour | | that (I) (we) lost couses stated |
| | | 226. SIGNATURE | Sur | land | just | | HAUP DEGLEE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR [| STAFF | N 🗆 | 22c. DATE | SIGNED 87 |
| 1 | | 22d PHYSICIAN'S NA | ME (TYPE C | PRINT) | all V | - 1 | 22e. ADDF | RESS (| | | | | |
| | | | | WEISBA | AUM | | | nknown | | | | | |
| | - | URIAL, CREMATION, F | REMOVAL | | | 4 | OF CEMETERY C | | 23d. LOCATIO | | | COUNTY | STATE |
| | 24 51 | REMATION JNERAL DIRECTOR | | FEB I | 5 1981 | F+. L11 | ucelo CRI | MATOR | BRENT | Wood | | 96. | mo. |
| 31. | | NAME | 0 | | ADDR | | 1 | 250.13.1 | 5797 | 182 25 | of Gistr | ans diction | |
| | 0 | RANT F.H. | 4013 | HNNAO | alis Ro | I. LAN | ham M | D. | | | | | |

O EVERLY SERVICE GEORGE'S GENERAL HOSP. SCHENNING SERVICE CO. INC. TUNETEL MARTEE .90

500 UNIV.BLVD. W. SILVER SPRING. MD. 20901

DIVISION OF VITAL RECORDS,



DIVISION OF VITAL RECORDS,

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

REGISTRAR

9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES OUNTL! 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CANDO 7504 TOPTON STREET LAST APPROXIMATE INTERVA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2) COUNTY STATE , and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED Starry And # 308 Temple Hill Mid STATE BURIAL Ft. LINCOLN CEMETER BRENTWOOD P6. WD 24 FUNERAL DIRECTOR GRANT F.H. 9013 ANNAPOLIS Rd. LANHAM MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER I YEAR

26 HOUR

St. date policy and the second 2011/11/11 Experience Control of the Control of Player The Street Princeto Courses, Sanction of the Street and removed for appelling and real respective

| • | dediff. Page 4.4 | uneful Sperior. |
|--|--|--|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL CHATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death? Poter retained by the haspital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely illind in by the lumbal of arters. |

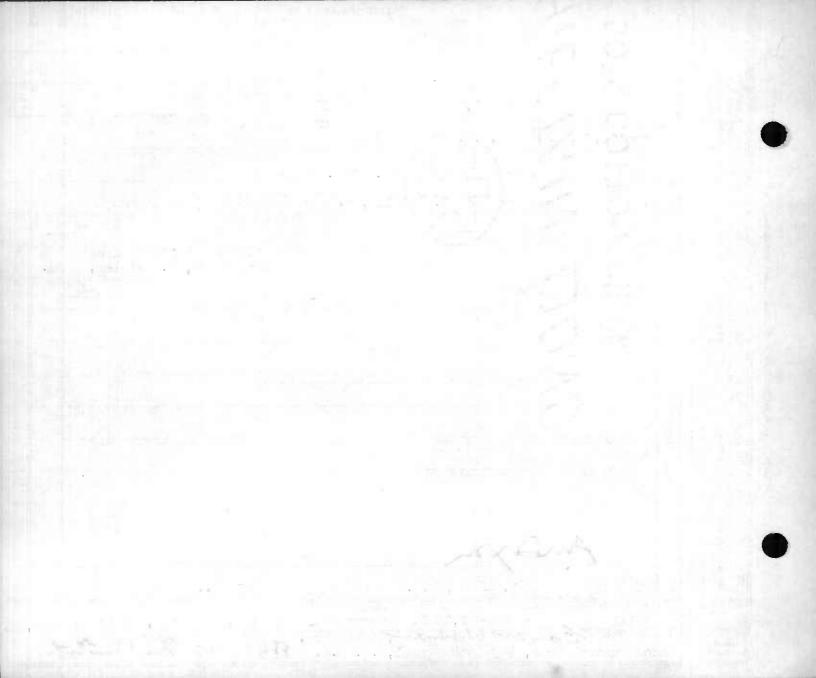
| | 1. | FOR STATE REGISTRAR | | | DEPA | RTMENT OF H | E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH | HYGIENE | 8 2 REG. NO. | 0 | 5 | 0 0 4 |
|--|---------------|---|----------------------------------|------------------------------|--|-----------------|---|----------------------|--------------------------|-------------------|-----------------|--------------------------------------|
| o m£ | | CEASED NAME ORPRINT) | FIRST | ۸ | AIDDLE | i | AST | Ze. DA | TE OF DEATH M | NTH DA | YEAR | 26. HOUR |
| 000 | | | Carrie | | A. | Cook | | | ruary 14 | | | 12:00 M |
| (AA) | 3. SE | x Female | l' | RACE | nite | 5. DATE C | • 4, DAY 1891 YEAR | | () YEARS LAST BIRTHO | M | FUNDER I YEAR | |
| | 3.0 | IRTHPLACE (STATE ORFO | OREIGN 7 | | WHAT COUNTR | Y? 1 | NEVER MARRIED | | IMORE CITY OR | | | , MD |
| 1970 | 10 C | ITY OR TOWN OF DEA | ATH I | (IF NOT IN SUC | HOSPITAL, NUR H FACILITY, GIVE STIL CAPE NUI | SING HOME C | OR OTHER INSTITUTION | 12a US | UAL OCCUPATION KREEPER | N | 126 KIND | OF BUSINESS OR Governent |
| and be | USU 13 | AL RESIDENCE (IF NURS STATE Aryland | 134 COUNT | THER INSTITUTION, | GIVE RESIDENCE BE 13c CITY OR TO Hyatts | NWC | 134 INSIDE CITY LIMITS | 5? 13 • \$11 | REET ADDRESS A | venue | | |
| 17 July 194 | 14. F | ATHER'S NAME Adran | M | IDDLE | Ander | rson | 15 MOTHER'S MAIDEN | INAME | MIDDLE | | Fiedl | er |
| rs. Pogn | 160) | WAS DECEASED EVER | IN U.S. ARM JIF YES, GIVE V | | 215 46 | | Charles E. | Cook | Box ASTE | | ryland | XIMATE INTERVAL 1 ONSET AND DEATH |
| in signed by the attending. Then please remove carb it to burial, cremation, ar- injury, ar ather traumatic | NOI | Conditions, if any, gave rise to imm cause (a), statin underlying cause | nediote ig the last | (c) | R AS A CONSEC | cenor | y Facle who who was a second of the to the t | ERMINAL DIS | SEASE OR CONDI | TION GIVE | N IN PART 1 | to |
| te has beer sst permit. | CERTIFICATION | 190 DATE OF OPERAT | | | | CH OPERATIO | N WAS PERFORMED | YES | □ NO. | IN CERTIFY YES | | INGS USED S OF DEATH? NO [] |
| certifica irial-tra- ental Hy Item 18 | MEDICAL CE | 21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA | CAUSE OF DEAT | P./ | M. MONTH M. | DAY YEAR | 21c HOW INJURY OCC | CURRED (EN | TER NATURE OF INJURY | IN ITEM 18, PAI | RT 1 OR PART 2) | |
| After this se as the bu alth and M marked ar | WED | Z1d INJURY OCCURE WHILE NOT WH AT WORK AT WO | HILE | 21e PLACE (LAT HOME, STR | OF IN JURY EET, FACTORY, OFFI | CE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOWN | , | COUNTY | STATE |
| for us of He | | 27a certify that (1) saw the decease above, Hi (well) | | | | EV. or | d that in (my) (aur) apir | nion death oc | curred on the date | and hour | | |
| F 50 | | 22h SIGNATURE | y Ko | rence | | Eno | DEGREE ATTENDIN PHYSICIA | G MEDI | CAL STAFF | 'N 🗌 | | • 14 • 1982 |
| TO FUNERAL should be defit with the State | | 27d PHYSICIAN'S NA | | | / | | 27e ADDRESS 6501 Land | lover R | oad, Che | verly | , Md. | |
| ₹ \$ \$ <u>₹</u> | | BURIAL, CREMATION, | | 23b. DATE 2/17/2 | | | on National | 23d. 1 | LOCATION CITY OR TOWN | | ingto | state Va. |
| DHMH-16 20M [VRA 15, 4] 7/78 | | UNERAL DIRECTOR NAME Gasch's S | ons F. | н. Р.А. | ADDRESS Hyatt | sville, | | | BY REGISTRAR 25 | | / 1 | Heaten |

* One of the common terms And the same of th Plante Council County Business Collins Chesacolnical There is a second country to the second coun amount 90" TIST is after their ment daming "millered" American Page er film on fail well for and Theory of The Charles R world Limited Many and Alle COURT AT SEC

Turing Plant T. E. C. J. Hystaville, MG.

입다는 그 회사에서 왜 가장 회장 보장 이 보고 있었다.

| 1 | FOR STATE | | | EPARTMENT C | F HEALTH | | | | 0 | 5 | Ū | U | ó |
|-----------------------|--|----------------------|--|---|-----------------|------------------------------------|------------------|-----------------------------|------------------|-----------------------------|---------|---------------------|------------|
| 1.0 | REGISTRAR DECEASED NAME | FIRST | MEL | MICAL EXAM | INEK 3 | EKTIFICATI | E OF DEA | | REG. NO | | | | |
| 11 | TYPE OR PRINT) | | | | | LAST | | OF | KNOWN K | HINOM | | YEAR | 2h HOU |
| 3. S | | neise | Antonet | | | ORY | | | MATED _ | 1 | | 19 82 | |
| | emale Nac | aro J | Tune 1, | YEAR LAST BIR | YEARS IF UN | S DAYS HOURS | DER 24 HRS. | 2c. DATE PRONOUN DEAD | ICED | MONTH 1 | 28 | YEAR 19 82 | 24 HQU |
| 7 1 70. | BIRTHPLACE (STA . OR FOREIGN COUNTRY) | 7b. C | ITIZEN OF WH | AT COUNTRY? | 8. MARR | ED NEVER M | APPIED | 9. BALTIM | ORE CITY O | R COUN | TY OF D | EATH | |
| | nnapolis, Md | | U.S.A. | | WIDOW | | ORCED | Pri | nce Ge | orge | 's C | 0. | AAI |
| 74 10. | Chever LV | | IAME OF HOSP IF NOT IN SUCH FACE INCE GO | PITAL, NURSING HOILITY, GIVE STREET ADDRE | 55) | p. (DOA) | 12a USL FOR A | | ATION TYPE | | 12b KIN | D OF BUS INDUSTR | INESS Y |
| 130. | JAL RESIDENCE IF IN NU | 13 COUNTY | RINSTITUTION, GIVI | RESIDENCE BEFORE ADA 134, CITY OR TOW Mt. Rain: | ISSION | 13d. INSIDE CITY LIMIT YES 2 NO | 132 STR | | ss th St | tae* | | ·OHE | |
| - C | FATHER'S NAME | 111100 | 002,00 | 1101 100011 | LOA JIME | 15. MOTHER'S MA | | .0)0 | 011 00 | | | | |
| 20 | Dale | Miac | | reenfield | | Chery | 71 | Yvett | | | Co | orey | |
| 160. | WAS DECEASED EVER | IN U.S. ARMED F | ORCES? | 16b. SOCIAL SECU | RITY NO. | 17. INFORMANT | | | 41908E59 | | reet | | |
| | No | | | None | | Cheryl 1 | vette | Cory, | Mt. Ra | ainie | er, | Nd. | |
| | 18 CAUSE OF DEAT PART I DEATH W | H (Enter only one | cause per line f | | | | | | | | BETW | PROXIMATE I | NTERVAL |
| 44 | 2000 | IMMEDIATE CAL | | | | Death Sy | ndrome | | | | | | |
| | 1780 | | DUE TO, OR A | S A CONSEQUEN | CE OF | | | | | | | | |
| - | Canditians, if a gave rise to | immediate) | (b) | | | | | | | | 300 | | |
| | lying cause lost. | the under- | DUE TO, OR A | S A CONSEQUENC | E OF | | | | | | | | |
| | | | (c) | | | | | | | | | | |
| | PART 2 DINER SIGNIFICANT | T CONDITIONS CONTRIB | BUTING TO DEATH 80 | IT NOT RELATED TO THE 1 | ERMINAL DISEASE | DR CONDITION GIVEN I | IN PART 1 (a). | | | | | | |
| CERTIFICATION | | | | | | | | | | | | | |
| 1 3 | 190. DATE OF OPERA | TION | 196. CONDITI | ON FOR WHICH O | PERATION W | AS PERFORMED? | | | | | 20. A | UTOPSY? | |
| | | | | | | | | | | | Y | ES 🛛 | NO 🗌 |
| 7 8 | | | 11b. TIME OF I | NJURY MONTH DAY Y | 21c. HC | W INJURY OCCU | IRRED LENTER N | ATURE OF INJ | URY IN ITEM 18 P | ART I OR PA | ART 2) | | |
| 3 | CONTRIBUTING | CAUSE OF DEATH | | 19 | | | | | | | | | |
| MEDICAL | 21d INJURY OCCURR | RED | 21e PLACE OF | FINJURY (AT HOME | | ATION | | C114 C2 15 | | | | | |
| 1 3 | WHILE NOT | ORK | JINCO, IACIO | , r.anm, E1C.) | , | TALL | | CITY OR TOV | ΥN | co | YTHU | | STATE |
| MEDICAL CERTIFICATION | 220 I certify that I death resulted from ACTUAL SIGNATURE | | - | ibed above, held a | Autap: | Hamicide TITLE (SPECIFY | Undete | Inquiry | nner , | d in my as DATE SIGNE | 1 | -28-8: | 2 |
| 4 | EXAMINER'S NAME (TYPE OR PRINT) | Ann | M. Dixo | n, M.D. | | ADDRESS11 | 1 Penn | St. | | | | | |
| 21e. | BURIAL CREMATION, RE | EMOVAL 73% DA | TE | 23r. NAME OF | EMETERY OF | CREMATORY | 234.10 | CATION | | cour | My | STAT | |
| | Eurial | Feb | ruary 2 | 1982. Ha | umony | Memorial | Park, | Suit | land, 1 | rine | e Ge | orge | |
| 74. | FUNERAL DIRECTOR - | Edwa | ADOM: | amed | Washir | ngton 750. DA | TE REC'D. BY | REGISTRA | 23 SEGIS | TRAR'S 5 | IGNAL | RE-TEN | - |
| B | acon Funera | 1 Home,3 | 447-140 | h Street, | M.W. I | .c. F | EB 18 | 1982 | france | L Sola | -16 | allen | |
| | | | | | | | | | | | | | |

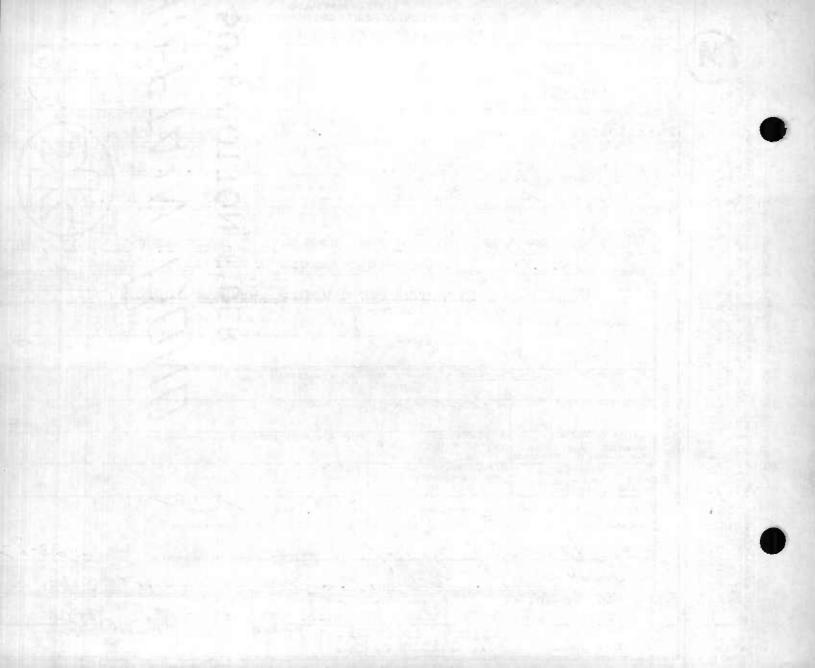


6633 Old Alexander Ferry Rd Clinton, Md.

(VRA 15, 4) 1/79

grey can be diete bear bear to be to bear years. Ment of the second of the seco orthin twicology and a second of the second Clinton Control No. No. itale Control Consider Control the state of the s himmed abdulahing data to the second was been and the second and the secon Emple 6 Turbison relative index) 2 13 192 B 2 2 14 - B2 6-100 11 1 61. I che i to i i ha A LITTLE TOTAL AND THE AND A SECOND PARTY OF THE PARTY OF traint tel'7, 1922 Subto Tollor and Later to on one Loss wide of the state of the s

| 3 | 1- | FOR STATE | | | DEPARTMENT | F HEALTI | MARYLAND H AND MENTAL H | J 6. | 0 5 | 003 | |
|--|-----------------------|---|---|----------------------------------|---|-------------|---------------------------------|---|---------------------------|---|-------|
| - Const | | REGISTRAR | | M | | INER'S | CERTIFICATE C | | REG. NO. | | |
| (EIMI) | | CEASED NAME | FIRST | | WIDDLE | | LAST | 2a. DATE KN | NOWN MONTH | DAY YEAR 26 | HOUR |
| \$8 88E | | | Germ | | | | cuz | DEATH M | NATED A | 2-22084 | М |
| RY P.E. DIRECTIONS THE | 3. SE: | ale Phil | lipin | 5. DATE OF BIRT ONNTH DATE April | YEAR LAST BIR | THDAY) MONT | | 24 HRS. 20 DATE MIN. PRONOUNCI DEAD | HINOM | DAY YEAR 24 | HOUR |
| S NECESSARY PE FUNERAL DIFFE. | FC | RTHPLACE (STATE OR DREIGN COUNTRY) illipine | s | USA | WHAT COUNTRY? | 8. MARR | _/ | IED 🔲 | ce Geor | | |
| D. 21201 LIF ANY DELAY IS NEG 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, WALRECORDS, 201 W. F | 10. C | Suitland | | (IF NOT IN SUCH | OSPITAL, NURSING HO FACILITY, GIVE STREET ADDRE OMER AVE. | 55) | | 12a USUAL OCCUPATED FOR MOST OF WORKIN | TION (TYPE OF WORK | 12b. KIND OF BUSINE OR INDUSTRY | SS. |
| 21201 ANY DE AND 3 TRETAIN HOULD B | USU | AL RESIDENCE (IF IN NU. TATE Md. | 13b COUNT | R OTHER INSTITUTION. | GIVE RESIDENCE BEFORE ADM 13: CITY OR TOW Suitlar | ISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| AD. 2. A. IF | 14. F. | ATHER'S NAME | | | 1 | | 15. MOTHER'S MAIDE | | MICI 21VC | · • • • • • • • • • • • • • • • • • • • | |
| DEATH. IF DEATH. IF GES 1, 2, M PM 3. AND 2 SI | | Petronil | | MIDDLE | Cruz | | Patr | icia | A | lejo | |
| BALTIMORE, MD. URS AFTER DEATH. IF URS AFTER DEATH. IF WITH FORM PM 3. IT PAGES I AND 2.8 I DIVISION OFWITAL | 100. | WAS DECEASED EVER ES, NO, OR UNKNOWN) Yes | (IF YES, GIVE) | WAR OR DATES) | 578-50- | | | 2 Beach D iccarelli | | napolis, M nter | Md. |
| 5, 201 W. PRESTON ST., CUTED WITHIN 24 HOUR W. IN PENCIL IN ITEM 18, I EXAMINER ALONG W RIAL - TRANSIT PERMIT. VD MENTAL HYGIENE, D ITON, OR REMOVAL. | | Canditions, if gave rise ta cause (a) stating lying cause last. | IMMEDIAT any, which immediate the under- | (b) DUE TO, C | DR AS A CONSEQUEN | CE OF | CARDIO WA | | ISEASE | APPROXIMATE INTER BETWEEN ONSET AND | DEATH |
| AL RECORDS VUID BE EXE VIPENDING FER MEDING SED AS A BLA FEALTH AT AL, CREMAN | NOIL | | | | | | SE OR CONDITION GIVEN IN PA | RT 1 (a). | | | |
| SHOULD OND "PE | TIFICA | 19a DATE OF OPERA | | 196 CON | DITION FOR WHICH O | | | | | | 0 🕒 |
| DIVISION OF VITAL RE RETHIS CERTIFICATE SHOULD ATE. WRITING THE WORD. "PEI DRWARDED TO THE CHIEF M RE PAGES SHOULD BE USED A RE PAGES SHOULD BE USED A RETHER DEPARTMENT OF HEA ID, 21201 PRIOR TO BURIAL, CI | MEDICAL CERTIFICATION | 21a EXTERNAL CAU UNDERLYING CONTRIBUTING | OR CAUSE OF D | HOUR A | OF INJURY M. MONTH DAY Y M. 19 | EAR | OW INJURY OCCURRE | D (ENTER NATURE OF INJURY | (IN ITEM 18 PART I OR P. | ART 2) | |
| DIVIS THIS CER WARDED PAGE 3 S TATE DEF | MED | 21d. INJURY OCCUR WHILE NOT AT WORK AT W | WHILE | STREET E | E OF INJURY (AT HOME ACTORY, FARM, ETC.) | | CATION STREET | CITY OR TOWN | co | OUNTY S | STATE |
| TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR! TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH ESTATE BALLTIMORE, MARYLAND, 2120 | | 276 I certify that death resulted fram ACTUAL STGNATURE | Pages | al couses I, | Accident , held a | Suicide | Hamicide TITLE (SPECIFY) Deputy | Undetermined mann | DATE SIGN | 2-23- | 82 |
| A FIER PIER PIER PIER PIER PIER PIER PIER P | | (TYPE OR PRINT) | AUGU | | | | | | Ct., Ca | mp Spr, 1 | Md_ |
| BP | | URIAL, CREMATION, R SPECIFY) Burial | 1000 | 2-26-8 | 2 Arling | ton 1 | Natl. Cem | 23d LOCATION CITY OF TOWN Arlingt | on, | Virginia | |
| DHMH - 17 (VR A15 ME (5)) 15M 2/80 | | uneral director Puneral H | | Wilhe Rd., | lm 4308 Suitlan | | tland ^{250. D} | HO DEY RECHISTRAN | 256 RESISTRAR | SKINATURESCY | |



| | REGISTRAR ECEASED NAME | FIRST | | MIDDLE | LAS | | 20. DATE KNOWN | | DAY YEAR | 26. HOPR |
|-----------------------|--|---|--|--|--|--|--|--|---|------------------|
| (1) | PE OR PRINT) | LOU | ISE | P. CL | JLLISON | | OF ESTI- DEATH MATED | | 8 19 82 | 11:34 |
| | MALE | white | DATE OF BIRTH | | YEARS IF UNDE | R 1 YR. IF UNDER 2 | MIN. PRONOUNCED DEAD | 02-18 | | 2d HOUR 11:3J |
| | Mary land | | 76. CITIZEN OF WHUSA | | WIDOWED | | PRINCE | GEORGE 1 | S | MD. |
| 4 | CHEVERLY | / | PRINCE (| PITAL, NURSING HO | ENERAL | HOSPITAL | 120. USUAL OCCUPATION FOR MOST OF WORKING LIFE) factory wo: | | or industr heat c | S.A. |
| | AL RESIDENCE (IF II STATE Md | NN SINGHOME OR LOUNTY Calves | r | 13c. CITY OR JOWN | Ch 13e | d. INSIDE CITY LIMITS? YES NOTE | 3916 2nd Str | | | |
| | ATHER'S NAME FIRST Charke | s | L. Shipe | LAST | | MOTHER'S MAIDEN | | | sley | 1 |
| 160. | WAS DECEASED EV YES, NO, OR UNKNOWN) NO | VER IN U.S. ARMI | ED FORCES? AR OR DATES) | 21512 | ~ | INFORMANT | addr be 4020 2nd S | | rth Be | ach M |
| | PART I DEATI | if any, which to immediate ating the under- | BY: CAUSE (a) ACT DUE TO, OR (b) REP | AS A CONSEQUENCE | E-DUE-F | 0 +1YP0= V 0 | mia s of attempt EEMIC-SHOCK-B | ed suic | APPROXIMATE BETWEEN ONSE! | |
| | BART 2 OTHER SICHIE | ICANT CONDITIONS CO | NTRIBUTING TO DEATH | BUT NOT RELATED TO THE T | | | 1 | | *************************************** | |
| ATION | 1 magazi | KKEEKXXX | | TEX CE TEXT | | | 110 | Т | 2D AUTOPSY? | |
| AL CERTIFICATION | 190. DATE OF OP 2/15/8 210 EXTERNAL C UNDERLYING | ERATION B2 AUSE WAS BOR | Throm 21b. TIME OF HOUR | bectomy & INJURY MONTH DAY YE | PERATION WAS | PERFORMED? | radial & ul | lnar ar | | NO 🗈 |
| MEDICAL CERTIFICATION | 190. DATE OF OP 2/15/8 210 EXTERNAL C UNDERLYING | DERATION 32 AUSE WAS CAUSE OF DE | Throm 216. TIME OF HOUR ATH P.M. | DECTORY ATHORS | anasto 21c How 21f LOCA SIREI | PERFORMED? DMOSES OF VINJURY OCCURRED TION | radial & ul | nar ar nands; ARI 3 notrin | ingeste table to | NO • |
| | 190. DATE OF OP 2/15/8 210. EXTERNAL UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK A | PERATION 2 AUSE WAS OR CAUSE OF DE CURRED LURRED LUT WHILE LUT WORK | Throm Throm Tib. Time of HOUR P.M. 21e PINCE STREEL, FACT | Cribed abave, held an | anasto 21c How 21t Loca 3916 | PERFORMED? OMOSES OF INJURY OCCURRED TION ET | radial & ul | nar ar nar n | ingeste tablet | NO • ed |
| MEDICAL | 190. DATE OF OP 2/15/8 210. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 220. I certify the death resulted f | PERATION 32 AUSE WAS OR CAUSE OF DE CURRED FOT WHILE TO WORK Naturo ME AUGU | Throm Throm Tib. TIME OF HOUR P.M. 21e Place STREEL, FAST af the remains descent courses Courses Throm Th | TION FOR WHICH OF DEC TOMY & INJURY AT HOME OF THE PROPERTY OF | PERATION WAS A nast of 21c. How 21c. How 31e. Hoca 31e. House 3916. Autopsy Suicide M.D. | PERFORMED? OMOSES OF INJURY OCCURRED TION E1 2nd St., Inspection Homicide TITLE (SPECIFY) ORESS 5009 RA | radial & ul LENTER NATURE OF INJURY IN ITE ST STATEMENT CITY OR TOWN North Beach Inquiry Undetermined manner | nar ar name and a name | ingestetablets ct , M 2-/9 2074 | NO Ped S STATE |

1211/6L OT SHIP COME OF EMPLOYED OF SHIP SHIP LANCE PROTTA-BUTCHE -247-SHIT DAY LUCK CT. CAMP SPRINGS, HE. Management and the same of the

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

- STATE

above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH One day Unknown 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE February 19.82 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 3 Feb. 1982 4404 Queensbury Rd., Riverdale, Md. 20737 Silver Spring Mont. Md. Gate of Heaven Cem. EGISTRAR 256 REGISTRA S SIGNATURE 24 Nalley's F.H. Inc. Mt. Rainier. Md.

REG. NO

1982

IF UNDER 1 YEAR

2b. HOUR

12b. KIND OF BUSINESS OR

Arthur

Same as

2a DATE OF DEATH

. waste watcher - Colt | The plants yill .col . The charge described and the control of the charge of the avani (white sained it bates to be the light of the lored to the state of the tell to the state of the state established and the control of the c

GRANT F.H. 9013 ANNAPOLIS Rd. LANHAM Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

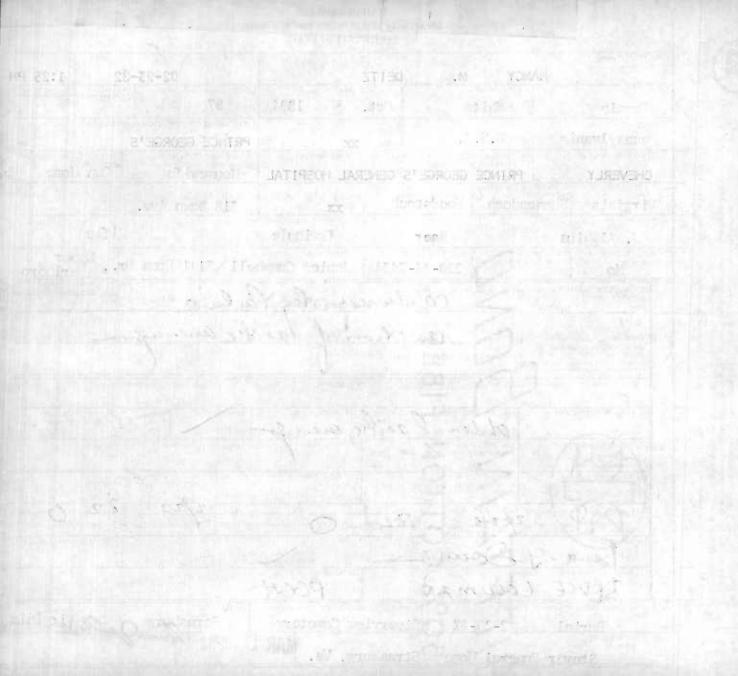
FOR

THE RESIDENCE OF THE PROPERTY Taken the Carried and In A paternand The street county and Good to the street was THE RESIDENCE OF THE PROPERTY LEGISLANTERY LEMENT IN SHIPLY CO THE THE REST OF LABOUR STREET, STREET, STREET, NOTHING A AND MANY 0 - 40-00-0 3-024-02 The proportion of the part of the proportion of the part of the pa AND CHARGE THE ENGINEER SOFT ICT THROUGH

| | 2:2-Park 1 | | | | UF MAKTLAND | (1) | 10 Ch | 1) |
|---------------|--|-------------------------|--|----------------|-------------------------------------|---|---------------------|-----------------|
| 1 | FOR - STATE | | DEPAR | | ALTH AND MENTAL HY CATE OF DEATH | GIENE O & | 3 13 | 1 Cm |
| | REGISTRAR | | | | | REG. NO. | | |
| | PECEASED NAME | FIRST | MIDDLE | LAS | T | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| | 51 | IZA L | seth | | Ja45 | 2 Z - 8. | 2. | 2 19A |
| 3. S | SEX | 4. RACE | | 5. DATE OF | | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| F | emale. | Near | 0 | | 2.1927 YEAR | 54 YRS. | NONTHS DAYS | HOURS MIN |
| 7a. | BIRTHPLACE STATE OR FOR | | N OF WHAT COUNTR | V2 8 | ☐ NEVER MARRIED ☐ | RAITIMORE CITY OF COUNTY | OF DEATH | |
| / / | partanbura. | SCIUS | Δ | WIDOWED | | | COUNTY | |
| | CITY OR TOWN OF DEAT | H 11. NAA | NE OF HOSPITAL, NURS | SING HOME OF | | 12a USUAL OCCUPATION | 12b, KIND OF | F BUSINESS O |
| 10 | CLINTON | | HER! MARYL | | PITAL. | TYPE OF WORK FOR MOST OF WORKING LIFT | E) INDUSTRY None | |
| USI | UAL RESIDENCE (IF NURSIN | G HOME OR OTHER INST | ITUTION, GIVE RESIDENCE BEF | ORE ADMISSION) | | | 1 110110 | |
| 1 | Md. | P.G. | Oxon H | | 36 INSIDECITY LIMITS? | 4300 Vermillion | Aug | |
| 14.1 | FATHER'S NAME | 1.00 | | | S. MOTHER'S MAIDEN N | | 1100. | |
| No | FIRST | KNOWN | LAST | | Earsclean | Paul and MIDDLE | LAST | |
| 160 | WAS DECEASED EVER IN | | CES? 166 SOCIAL SE | CURITY NO. | 7 INFORMANT | ADDRESS | | |
| | | (IF YES, GIVE WAR OR DA | 579-32- | 7115 | Table Dansland | 11 Caral | | |
| ` <u> -</u> | No | | | | John Rowland | 1(3011) | APPROXIV | MATE INTERVAL |
| 5 6 | PART I. DEATH WA | AS CAUSED BY: | use per line for (o), (b), | | | | | |
| | 1740" | MMEDIATE CAUSE | (O) CAKP | IOpulm | many on | nost | HOW | 15 |
| | 1/// | | TO, OR AS A CONSEC | | ha hader a | | Ma a M | ade |
| | Conditions, if any, | | (b) Termin | al mo | tastatic B | shorst carainma | . INUM | iths. |
| | cause (a), stating underlying cause | the DUE | TO, OR AS A CONSEC | | A 1.00 c | | | |
| | | | (c) Total | collap | | ung with pheamon | | |
| z | | -1 | | 0 | | MINAL DISEASE OR CONDITION GIVE | EN IN PART 1(0) | 1 |
| 16 | STUTE | | CONDITION FOR WHIC | there i par | | Tabetes mellites | , WERE FINDING | CCUCED |
| CERTIFICATION | 176 DATE OF OPERATIO | 148 | CONDITION FOR WHIC | LA OPERATION | WAS PERFORMED | IN CERTIF | YING CAUSES C | OF DEATH? |
| 4 5 | 21g. ACCIDENT WAS UNDER | DIVING TO THE | TIME OF INJURY | | 21. HOW BUILDY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM 18, PA | | ио 🗌 |
| 400 | | 110 | | DAY YEAR | ZIC. NOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN TIEM 18, P) | IRT OR PART 2) | |
| MEDICAL | (IF EITHER, NOTIFY MEDICAL | | P.M. | 19 | | | | |
| MED | 21d INJURY OCCURRE | (AT H | PLACE OF INJURY OME, STREET, FACTORY, OFFIC | | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | AT WORK | ĸ 🗆 | | Dan | | | | |
| | | The same of | b. 2 10 | | | | | hot (I) (we) lo |
| 23 | | d) (did not) view the | body ofter death | | | n death occurred on the date and have | and from the co | ouses stated |
| | 226. SIGNATURE | | . ~ | DI | GREE | MEDICAL STAFF | 22c. DATE S | |
| | 12641 | N W. S | 4M MIP | 7 | 1. D. ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 2-2 | 2 82 |
| | 22d. PHYSICIAN'S NAA | ME (TYPE OR PRINT) | THE REAL PROPERTY. | | 22e ADDRESS 7900 | old Branch ava. | suite 101 | 344 |
| | PET | TER W. | M. Mik | P. | clin | ton, maryland: | 20735 | |
| | | EMOVAL 23b DA | ATE 23 | c. NAME OF CE | METERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE |
| 23a | BURIAL, CREMATION, RI | | | | | | | SIAIR |
| 23a | BURIAL, CREMATION, RI | | 5-82 | Washing | tanhlation = 0 | | 2001111 | |
| | BURIAL, CREMATION, RI (SPECIFY) BURIAL DIRECTOR | | 5-82 ADDRESS | Washing | tonNational | | RAS' SIENATO | Wasum |

THE RESERVE THE MANUAL PROPERTY OF THE PARTY OR ALANAS OF MALE THE CONTRACT OF THE PARTY OF TH

| | 1. | FOR STATE REGISTRAR | | DEPARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO. | 5013 |
|--|---------------|---|---|-----------------------------|--|---|---|
| (EINA.) | | CEASED NAME FIRST | MIDDLE | | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| Willy ! | | | NCY M. | DEIT | | 02-2 | |
| 1 4 9 6 | 3. SE | Female | 4. RACE White | S. DATE | DF BIRTH 8 PAY 1894 | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| Pogs | 7a. BI | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | DUNTRY? 8 | | 9 BALTIMORE CITY OR COU | |
| leath. | I | ennsylvania | U.S.A. | WIDOW | ED NEVER MARRIED DEVER MARRIED DEVER | PRINCE GEORGE | ¹S MD. |
| by the fu | | TY OR TOWN OF DEATH CHEVERLY | PRINCE GEOR | RGE 'S GENE | ERAL HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife | 126 KIND OF BUSINESS OR |
| fulled in nould be | 130. 5 | C / | | OR TOWN STOCK | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS 318 Dawn Ave | |
| ompletely and 2 sl | | J. Alphius | | last acr | Iminnie | WE | Rifle ^{(AST} |
| on and co | | VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (15 YES, GIV | 1227 A D O D A W 2 | -44-7434 | Janice Camp | bell 3101 Etor | Dr., Upper Marlboro |
| requires that the death | TION | | DUE TO, OR AS A CO | DNSEQUENCE OF | NOT RELATED TO THE TERM | MAL DISEASE OR CONDITION | |
| has be town the fown has be to | CERTIFICATION | 190 DATE OF OPERATION | abdom | el aort | WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \) |
| HYSICIAN: The nating physician is certificate h burial-transit f Mental Hygier or Item 18 shave | MEDICAL CER | ?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER | HOUR A.M. MOI P.M. | 19 | 1 | RED (ENTER NATURE OF INJURY IN ITEM | T8 PART (OR PART 2) |
| ottendir ottendir fter this as the bu h and M | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR | Y Y, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| spital or CTOR: A I for use of Healt | | 220.1 certify the (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did no | 2/23 | 10 87 | nd that i (my) our) opinion | death occurred of the date and | hour and from the causes stated |
| TAL OR Ay the hory and DIREI | | 226. SIGNATURE | 1. Down | ru. | | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
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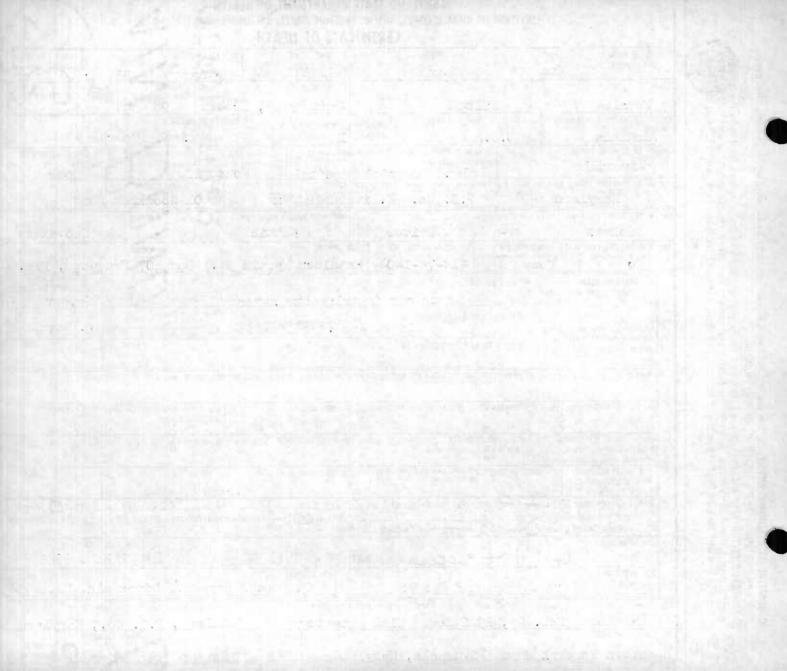
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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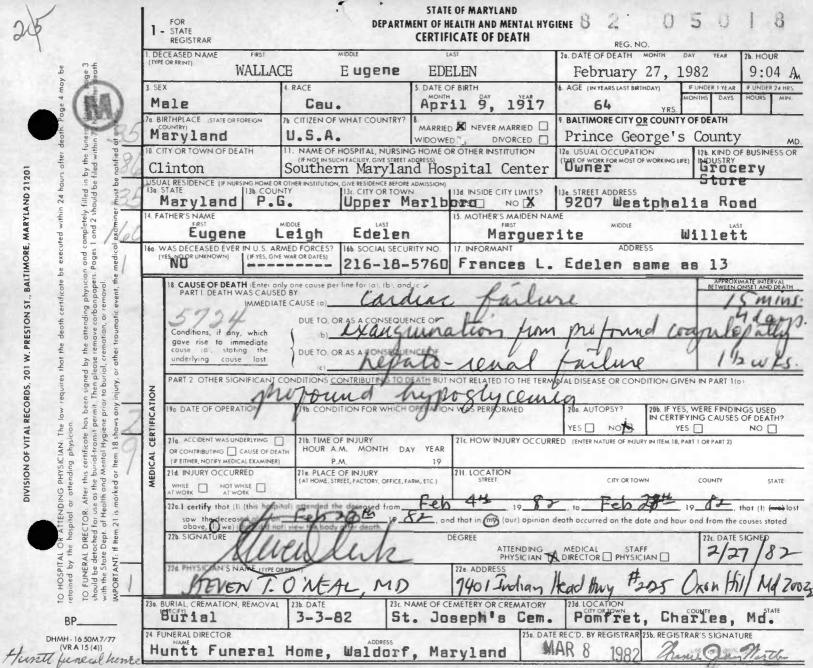
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| 関ソ | 38 | | RTHPLACE (STATE OR FOREK COUNTRY) | GN 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIED C | NEVER MARRIED | | CE GEO | | COUNTY | |
| the for | 200 | 10 C | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSING | G HOME OR O | | 12a USUAL TYPE OF WOR | OCCUPATION | N | 12b. KIND OF INDUSTRY | BUSINESS |
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| | المركر، و | NO | FART 2 OTHER SIGNIFIC | BLUDNESS) | ONTRIBUTING TO DI | EATH BUT NO | T RELATED TO THE T | ERMINAL DISEAS | E OR CONDI | TION GIVEN | IN PART 1(0) | |
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| ransit permit, Hygiene prior | an 18 shows an | AL CERTIFICATION | 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE THE FITHER MODIES MEDICAL EL | E OF DEATH HOUR A | .M. MONTH DA' | Y YEAR | | | | | | |
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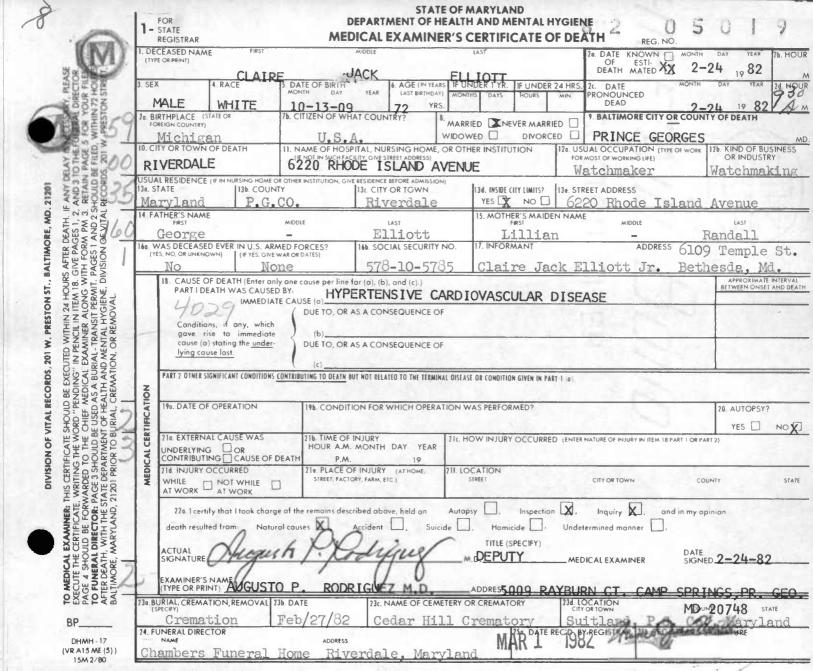


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN IN (TYPE OR PRINT) ESTI-DEATH MATED Thomas 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED Male White Sept 27,1936 70. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH Pennsylvania MARRIED V NEVER MARRIED U.S.A. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION S. RETAIN, PACE SHOULD BE FILED KIND OF BUSINESS Clinton FOR MOST OF WORKING LIFE) OR INDUSTRY Drywall So.Md. Hospital Center rvwall RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 113h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George Clinton Md. 9411 Paul Drive NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM SES I AND 2 ₩. MIDDLE LAST Ruth Sharkey Vincent Donohue 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION YES, NO, OR UNKNOWN) L LIF YES, GIVE WAR OR DATES! Yes Korean Nancy J. Donohue - Same As 13 C189 28 2707 Confi CAUSE OF DEATH (Enter only one cause per line far (x), (b), and (c).) garde Vosculate DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BE USED AS A BURIAL - TRANSIT PERMINOT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. 7.00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE USED YES EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTIMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BU 210. EXTERNAL CAUSE WAS 21b. TIME OF IN ILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Hamicide death resulted from: Natural causes Undetermined manner LITLE (SPECIFY) DATE Deputy MEDICAL EXAMINER SIGNED EXAMINER'S NAME AMBUSTO P ADDRESS 5009 Rayburn Court, Temple Hills, Md. Rodrigue 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Clinton, Christ Episcopal 24. FUNERAL DIRECTOR Lee 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Home . DHMH-17 66 Alexander Ferry Rd. Clinton 15M 2/80

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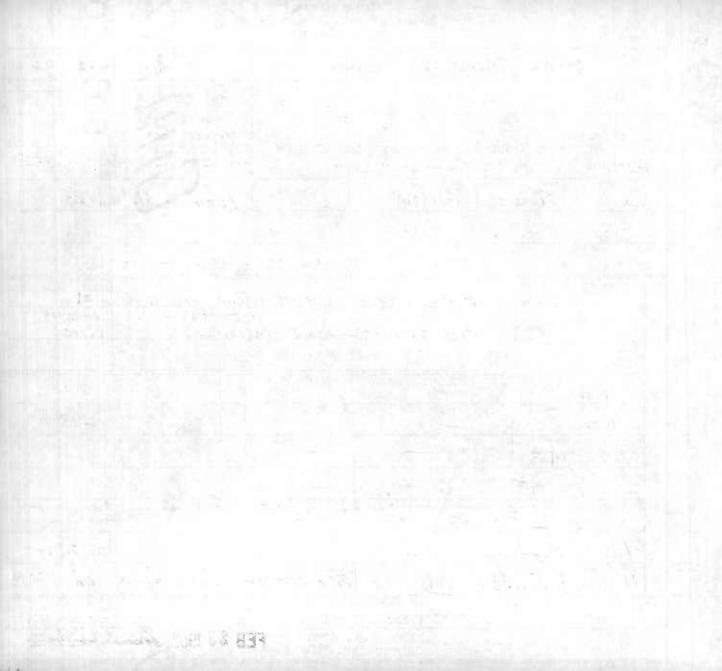


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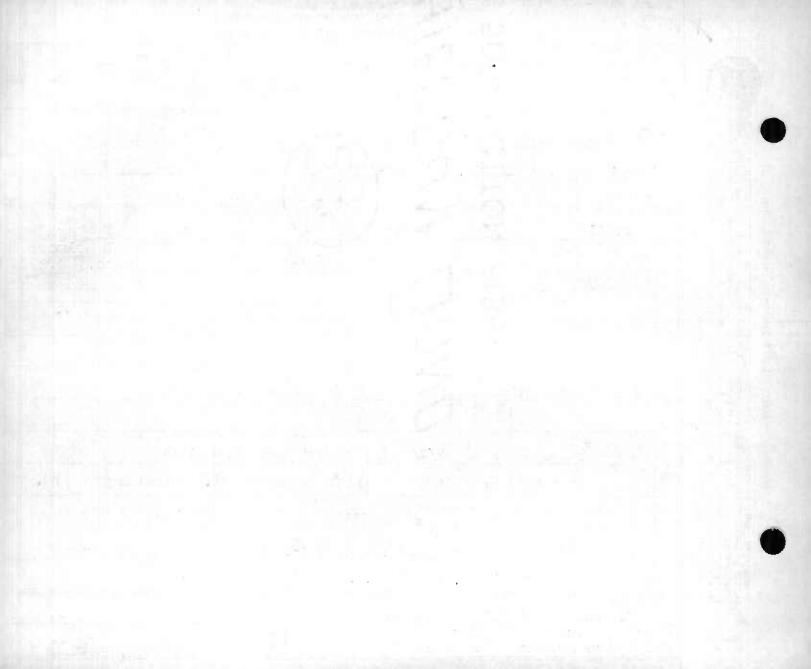
TTOTALE MAKE THE TOTAL CO. RIVERDALE 6220 GEENE ISLAND AVENUE 부모님에 한 경에 되는 것이 없는 것이 없어요. 그리고 그리고 있다고 있다. VALUETO P. RODRIESTE M.D. BRIEF WAS STOLEN CAMP BRIEFINGS PR. CHO. The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) FREDERICK OSCAR FLLIS 9A 1889 3 SEX RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS Care Male DAYS To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED **BALTIMORE CITY OR COUNTY OF DEATH** Pennsylvania USA Trince (200 WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTR. Harris Co. Jeweler 3206 Powder Mill Road, (TYPE OF WORK FOR MOST OF WORKING LIFE)
Silver Buyer BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 113d INSIDE CATY LIMITS? 13e STREET ADDRESS Powder Mill Rd Hole Md. 3206 I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Reed Milton Henrietta 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-09-1970 Nettie Ellis - wife- (same as 13e) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY inferior-lateral mille DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause 101 stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION None 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? None NOK YES 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF BEATH HOUR A.M. MONTH DAY YEAR ō 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Van 220.1 certify that (1) (this haspital), attended the deceased fram, Feb 19_____, and that in (my) (our) apinian death accurred an the date and have and from the causes stated saw the deceased alive an_ abave, (1) (we) (did) (did not) view the bady after death. DIREC SIGNATURE DEGREE 22c DATE SIGNED * STAFF ATTENDING MEDICAL should be deto with the Stote IMPORTANT: I PHYSICIAN IV DIRECTOR PHYSICIAN NAME (TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 2-22-1982 Adelphi Burial George Washington Pr. Georges Md. Hines/ Rinaldi Funeral Home ADDR 1800 N.H. Ave., 24 FUNERAL DIRECTOR GISTRAR'S SIGNATUR DHMH - 16 60M 1/75 (VR A 15 (4))



| 1/1 | | SR | | D | EPARTME | ENT OF HEALT | H AND MENTAL I | HYGIENE! | 8 5 | 0 2 |
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| 51 | Ma | rylan | đ | U.S. | A. | | WED DIVORC | | George's | County MD. |
| 10 |). CITY | ORTOWN | OF DEATH | 11. NAME OF HOSP | | | HER INSTITUTION | 12a USUAL OCCUPATION | N (TYPE OF WORK | 126 KIND OF BUSINESS OR INDUSTRY |
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| U. | SUAL la. STA | RESIDENCE | (IF IN NURSING HOME O | OR OTHER INSTITUTION, GIVE | RESIDENCE BEF | ORE ADMISSION) | 134. INSIDE CITY LIMITS? | 130. STREET ADDRESS | | |
| | | rylan | d / | 1.4 | | | YES NO | | le Sta | te Hospital |
| 14 | 1. FAT | HER'S NAME | | MIDDLE | LAS | T | 15 MOTHER'S MAID | EN NAME MIDDLE | | LAST |
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| | MEDICAL CERTIFICATION | 190 DATE OF | OPERATION | 196. CONDITI | ON FOR WH | HICH OPERATION | WAS PERFORMED? | THE REPORT OF | | 20 AUTOPSY? |
| П | EL | | | | | | | | | YESXIX NO |
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| | | 22a I certi | fy that I taak charg | ge of the remains desc | ribed above, | held an Auto | psy XX Inspection | an , Inquiry , | and in my op | inion |
| | | death result | ed from: Natur | ral causes , | Accident K | | , Homicide . | Undetermined manner | □. | |
| | | | Mr. | and A | 111 | 0.1 | TITLE (SPECIFY) | | | |
| | | ACTUAL SIGNATURE. | may | will the | e m | ell | M.D. Assistant | MEDICAL EXAMINER | DATE | 2-5-82 |
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| 23 | 30. BUI | CIFYI | TION, REMOVAL | | | ME OF CEMETERY | | 23d. LOCATION CITY OR TOWN | COU | NTY STATE |
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| 1 | 160. V | | EVER IN U.S. AR | | | AL SECURITY N | 10. | 17. INFORA | | | | | ESS OS | con F | | | - |
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| 7 | ATA | 19a. DATE OF | | | ION FOR W | HICH OPERAT | ION WA | S PERFOR | MED? | | | | | 20 | 0 AUTO | PSY? | |
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| 2 | CERTIFICATION | | L CAUSE WAS | 21b. TIME OF | | DAW MEAT | 21c. HO | W INJURY | OCCURRE | D (ENTER | NATURE OF IN | JURY IN ITEM | 18 PART 1 | OR PART 2) | 160 | THO KE | - |
| 5 | | UNDERLYING | G □ CAUSE OF | HOUR A.M. DEATH P.M. | MONTH I | DAY YEAR | | | | | | | | | | | |
| | MEDICAL | 71d INJURY C | CCURRED | 21e PLACE C | | (AT HOME, | 211. LOC | | | Tier | | | | | | | - |
| | \$ | WHILE AT WORK | NOT WHILE C | STREET, FACT | ORY, FARM, ETC |) | STE | REET | | | CITY OR TO | WN | | COUNTY | | STATE | |
| | | | AT WORK | | | | | | | n X. | | [\forall] | | | | | - |
| | | - 3 4 4 | , | ge of the remains desc | | | Autopsy | | Inspectio | | Inquiry | | ond in n | ny opinio | n | | |
| | | death resulte | ed fram: Natu | rol causes X, | Accident | , Suicio | de 🔲, | Hamic | | Undet | ermined mo | nner |]. | | | | |
| | | ACTUAL | Musi | sets Ph | 21 | 242 | 40 | Dep | | | | | D | ATE 2 | 1261 | 1982 | |
| 5 | 1 | SIGNATUR | 70 | 4101.1 | A | 13 | M.[| лер | uty | MED | ICAL EXAM | AINER | SI | GNED | 1201 | 1307 | |
| L | - | EXAMINER'S | NAME ALLG | icto D Do | dai | on M.T | , | 5 | 000 7 | | 0- | | 0 | | | - 113 | |
| 23 | 22. 5 | (TYPE OR PRIN | | | | ez, M.I | | | | | | urt. | Cam | p Sp | ring | s, Md, | 5 |
| | C. | rematio | TION, REMOVAL 2 | Feb 26.19 | | edar H | | | | Z3d. LC | CATION 1 tlar | d | Des | COUNTY | C | STATE | |
| | | UNERAL DIREC | | 200 20,1 | 704 | | on H | | - | | | | GISTPA | TUCE | GEC | orge Ma | C |
| | | 41444 | | H. 6160 (| Ton I | SE LIFE | Md | TTT . | W. | 3 | REGISTRA 1982 | The | mu 5 | 1 | PONE | distribution in the | |
| | | -80 1 | LULAD F. | 11. 0100 (| JAOH D | TIT UG | | | | | | | 1 | | | | |

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illia in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CEKIII | FICATE OF DEATH | REG. | NO. | | | | |
|---|---------------|--|---------------|------------------|------------------|------------------------------------|-----------------------------------|---|----------------|----------|--------------------|----------------------------------|---|
| | | CEASED NAME | FIRSI | | MIDDLE | | LAST | 20. DATE OF DEATH | MONTH | DAY | YEAR | 2h HOUR | - |
| | TYPE | OR PRINT) | FLOYD | | W | F | TTER | | 02 | 19 | 82 | 12:30 M | |
| è | 3 SEX | X | | 4 RACE | | | OF BIRTH | 6 AGE (IN YEARS LAST I | | | DER I YEAR | IF UNDER 24 HRS | |
| Þ | | Male | | WI | nite | Marc | h 11. 1914 | 67 | YRS | MONTH | DAYS | HOURS MIN. | |
| | 7a. B1 | RTHPLACE (STATE OF | R FOREIGN | 76. CITIZEN OF | WHAT COU | NTRY? 8. | | 9. BALTIMORE CITY | | | EATH | | - |
| 1 | Wa | shington, | | U.S. | Α. | WIDOWI | ED NEVER MARRIED KE | PRINCE GE | ORGE ' | s co | UNTY | /1 MD. | |
| 4 | Ch | TEVERLY | | PRINCE | GEORG | | RAL HOSPITAL | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS' Ret Super | OF WORKING | LIFE) IN | KIND O DUSTRY | OF BUSINESS OR | |
| A | 130 S Ma | AL RESIDENCE (IF NUI STATE Lryland | 13b COUNTY P. | VTY | 13c. CITY O | E BEFORE ADMISSION) R TOWN T Manor | 136 INSIDECITY LIMITS? YES X NO [| 13e STREET ADDRESS 4209 News | | oa d | | | |
| C | | ATHER'S NAME FIRST IKNOWN | | MIDDLE | LA | ST | Unknown | MIDDLE | | | LAS | ,T | |
| | | VAS DECEASED EVEL | | MED FORCES? | 166 SOCIA | L SECURITY NO. | 17 INFORMANT | ADD | RESS 58 | 305 | 42nd | . Ave. | - |
| | | s-Navy | | V.II | 577- | 38-5422 | Mary T. May | Apt-520 | - Hya | | | | _ |
| | | 18 CAUSE OF DEAT | TH (Enter on | ly one couse per | line for (a), | (b), and (c).) | _ | | | | APPROXI BETWEEN | MATE INTERVAL ONSET AND DEATH | |
| | | PARTI. DEATH S | | TE CAUSE (0) | Card | IRC ALLE | 51 | | | | 10 in | incres | |
| | | 2899 | 1 | DUE TO, O | RASACON | SEQUENCE OF | -1 1 1 1 1 | | VER | | | | |
| | | Canditions, if any | | (b)_ | Unconis | -cileble E | Blerding trom Incl | Tiple Sile - Co | 290100 | 61hu2 | 1 110 | ULS | |
| | | gave rise to im couse (o), stati | ing the | DUE TO, O | R AS A CON | SEQUENCE OF | 1 1 1 | (| ~ It . | 9 | | | |
| | | underlying caus | e last. | (c) | ^ | Aphil My | 12 oil metapl | asia (19481c) | 140151 | 5 : | 5 41 | rs - | |
| | 7 | PART 2 OTHER SIG | NIFICANT | CONDITIONS CO | ONTRIBUTIO | G TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CO | NDITION | EIVEN IN | PART 10 | 0 | |
| | TIO | | | 1 | | | | | | | | | |
| 7 | CERTIFICATION | 190. DATE OF OPERA 2-18 | | | . 1 | nemerally, | Happelsalenish | YES NO X | IN CER | | | NGS USED OF DEATH? | |
| 7 | CERI | 210. ACCIDENT WAS UN | NDERLYING | 216. TIME C | FINJURY | 7 0 7 | 217. HOW INJURY OCCUR | | | - | R PART 2) | ПО | - |
| / | | OR CONTRIBUTING | | | M. MONT | H DAY YEAR | | | | | | | |
| ١ | WEDICAL | 21d. INJURY OCCUP | | 21e PLACE | OF INJURY | | 21f. LOCATION | | | | | | - |
| 1 | W | WHILE NOT W | ORK | (AT HOME ST | REET, FACTORY, (| OFFICE, FARM ETC) | STREET | CITY OR | OWN | C | OUNTY | STATE | |
| | | 220.1 certify that (1 | | 1 0 | 1 64 | 67 0 | D 12 19 82 | to FED | 19 | . 19 | (7- | that (I) (we) last | - |
| | | saw the decea abave, (1) (we) | did (did no | t) view the bady | after death. | 19 62 , 01 | nd that in my (our) opinian | deoth accurred on the | date and h | our and | fram the | causes stated | |
| | | 226. SIGNATURE | . , | 011 | 0 | | DEGREE | | | 2 | 2c. DATE | SIGNED | - |
| | | Ber | Janu | Jew | 15 | 1 | MD ATTENDING PHYSICIAN [| | AFF ICIAN 🕢 | | 2-2 | 10-82 | |
| | | 228 PHYSICIAN'S | AME (TYPE C | RPRINT) | | | 22e ADDRESS | , | 01 | 1 | - 40 | 1 | |
| 1 | | Benjal | | 11VKO, | N-D | | Prince George | | Che | verly | Me | į . | |
| 9 | | BURIAL, CREMATION | , REMOVAL | | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | cour | YTY | STATE | |
| | 24 51 | Buria | 1 | Feb.23 | ,1982 | Ft. Li | ncoln Cemeter | y Brentwo | TA | Pac | | Maryland | _ |
| | 24 FU | Gasch's | Sone I | е и в | ET-AD | Fferd 11a | Ma FFF | 23 1982 7 | Starce | | SIGNA | arther | |
| | F. | dascii. g | DAIRD [| · III · I · A | . nya | PERMITTE. | 9 Mue | | 1 | 13 | | 21 | |

DHMH - 16 50M 1/B1 (VRA 15, 4)

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etained by the hospital or attending physician.

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| PRINCE GEORGE'S COUNTY! | | | 1.8.0 | .a.a., | no tentile ci |
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| t 195 0'' '' '' | (************************************** | TOTAL TEN | [o: | 5.9 | feger free . |
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| The State of Care | | | | | |
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Durinl Fob. 23,1982 Ft. Tincoln Compters Brentwood P.C. Mareland P. Sons P.H. P. V. Byattaville, Ed.

rincersearce County, . NJUNESH SEEDS VERTERS LISTERS LISTERS BY DOCK Tarte the Lune, production to a second to a 215-14-726 E23. ,acy v. accesson 74/2 Mentals. I. Burgers : 2/25/32 crow test are test to the last test and the control of the cont

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| | 1 - | FOR STATE REGISTRAR | D | EPARTMENT OF | TE OF MARYL HEALTH AND IFICATE OF | MENTAL HYG | IENE B 2 | 0 | 5 0 | 2 3 |
|--|---------------|---|--|-----------------------------|---|----------------------------------|--|--------------------|-----------------------------|-----------------------------------|
| poge 3 er deoth | 1. DE | CEASED NAME OF PRINT | ron dipole | E IS DATE | Faure OF BIRTH | Pay JR | 20. DATE OF DEATH | 2 -1 | YEAR - 8Z | 2b. HOUR 3 KUPA IF UNDER 24 HRS |
| s ofte | M | ale | Cauc. | 2 | 1TH 26 | 19** | 62 | YRS. | ONTHS DAYS | HOURS MIN |
| M | 70. BI | RTHPLACE ISTATE OR FOREIGN OUNTRY) Tyland | TE CITIZEN OF WHAT CO | UNTRY? 8 MARR WIDOV | IED XX NEVER | | Prince Geor | R COUNTY | OF DEATH | М |
| filed by the state of the state | | inton S | 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GOUTHERN MARY) | IVE STREET ADDRESS) | or other ins | | 12e USUAL OCCUPATI (TYPE OF WORK FOR MOST O retired | ON | 126. KIND OF INDUSTRY ELect | BUSINESS OR |
| e e e | 13a. S | AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUL) | OTHER INSTITUTION, GIVE RESIDE | | 1) | CITY LIMITS? | 13e STREET ADDRESS 4809 Newma | an Rd. | | |
| completely filled | 14 FA | THER'S NAME FIRST Raymond | E. Rai: | rfax, Sr. | | 's maiden nan First Bertie | WIDDLE | | Peti | tt |
| Poges I | 160 V | | WAR OR DATES | AL SECURITY NO. -18-4017 | Mary C | | ax same as | | 13 | |
| ding physicio arbonpopers or removol. | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) | y one cause per line for (o) BY: E CAUSE (o) | 161, and ic | ac a | lues | + | 1- | APPROXIA BETWEEN O | AATE INTERVAL NSET AND DEATH |
| other froum | | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS | cuti V | nyoc | tec A | least 0 | seas | 4 | |
| Then plear to burio | NOI | PART 2 OTHER SIGNIFICANT | ONDITIONS CONTRIBUT | Joshu | clev | D TO THE TERM | ing Disease or con | DITION GIVE | N IN PART 1/a | 3 |
| ronsit permit. Hygiene prio | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR | WHICH OPERATI | ON WAS PERFO | DRMED | YES NO | | WERE FINDIN ING CAUSES | |
| certificate certificate unal-trons vental Hyg | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 21b. TIME OF INJURY HOUR A.M. MON P.M. | TH DAY YEAR | 2 | VJURY OCCURR | ED (ENTER NATURE OF INJUR | RY IN ITEM 18, PAI | RT 1 OR PART 2) | 1 301 |
| of the bur | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR) | | 211 LOCATI STREET | ION | CITY OR TOV | VN | COUNTY | STATE |
| for use of Healt | | 220.1 certify that (1) (this haspit sow the deceased alive on above, (1) (was alive (did no | 2/11 | C | ond that m (my | 7 , 19 | eath occurred on the de | te and hour | | hot (I) (we) last auses stoted |
| detoched ote Dept. VT: If Item | | Wille Con | nough | , wa | | | MEDICAL STAI | FF IAN [] | 220 DATE S 2/1 | 1/82 |
| TO FUNERAL should be defined by with the Stote IMPORTANT: | | 22d. PHYSICIAN'S NAME (TYPE OF R.A. McConnaus | 0 0 | | 220. ADDRE | | mabas Rd. | Oxon H | ill, Ma | l. |
| - 5 3 3 | 23a. B | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23h. DATE 2/14/82 | | CEMETERY OR | etery | 23d. LOCATION CITY OF TOWN Marbury | 00 | OUNTY | Md. |
| 6 50M7/77 A 15 (4)) | | UNERALDIRECTOR P. Kalas 6160 (| xon Hill Ra | Oxon H | Ill. Md. | 250. DATE | REC'D. BY REGISTRAR | 256 REGISTR | AR'S SIGNATE | RES COM |

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| item 12 | | | | | | yes |
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| | 1- | FOR - STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2, 0 5 4 2 5 CERTIFICATE OF DEATH REG. NO. | | | | | | | | |
|--|---------------------|---|---|-------------------------------|-----------------------|--------------------------------|---|-------------------------------------|------------------|-------------------|----------------------------|
| | | CEASED NAME FIRST | | DLE | L | AST | 20 | DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| | | | Esther L. | | | icco | | 2/13/82 | | 4:55 Pm | |
| | 3. SE | X | 4. RACE | | | 5 DATE OF BIRTH MONTH DAY YEAR | | AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| - | | Female | Caucasian | | 1/ | 1/5/40 | | 41 | YRS. | 0.75 | ANN. |
| 37 | 7a. Bi | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | | MARRIED NEVER MARRIED | | XX 9 1 | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| 1 | | unknown | USA | USA | | DOWED DIVORCED | | F. 5 | | | MD. |
| 1 | 10. CI | ITY OR TOWN OF DEATH | OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS) | | | | 128 USUAL OCCUPATION 128. KIND OF BUSINESS OR | | | | |
| 8 | | iverdale, MD | | Memorral Hospital | | | | unemploye | | | |
| 1 | USU/ 30. S | AL RESIDENCE (IF NURSING HOME OR 13b COUN | | VE RESIDENCE BEFORE | | 134 INSIDE CITY LIMITS | 5? 13e | STREET ADDRESS | 9 34 | | |
| 4 | | MD PO | 3 | Takoma | Park | YES X NO | | 7342 Carro | oll Ave | e . | |
| 10 | 14 FA | ATHER'S NAME Allen | Coster | LAST | | 15. MOTHER'S MAIDEN | INAME | WIDDLE | | 1.65 | at a second |
| N | waknewa Riska Risks | | | ×8× | | Flora | | | | Poole | |
| N | | VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) | MED FORCES? | bb. SOCIAL SECU | 17 INFORMANT | | 9304RE | Bay A | venue | 2 | |
| 1 | | no | | 577-58-0 | 0989 | Frank D. Poole No | | | orth Beach Md. | | |
| 140 | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: | | | | | | | ~ | APPROX BETWEEN | ONSET AND DEATH |
| 1 | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure the to spiration | | | | | | | | | - THE THE T |
| 14 | | DYT DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| 2 | 2 | Conditions, if any, which gave rise to immediate (b) Feeal & packer | | | | | | | | | |
| 1 | | cause (a), stating the DIETO OR AS A CONSEQUENCE OF | | | | | | | | No. | |
| V | 0 | underlying cause last. (c) H violation | | | | | | | | | |
| 2 | NOI | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO | | | | | | | | | |
| 1 | CAT | 190 DATE OF OPERATION | 196 CONDITH | ON FOR WHICH | OPERATIO | WAS PERFORMED | | 200 AUTOPSY? | | WERE FINDIN | NGS USED OF DEATH? |
| 3 | TIE | | | | | | 3 | YES NO | YES | | NO [|
| 3 | 0 | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF I | MONTH DA | V VEAR | 21c HOW INJURY OCC | CURRED | (ENTER NATURE OF INJUR | Y IN ITEM 18 PAR | T I OR PART 2) | |
| 3 | Age. | OR CONTRIBUTING CAUSE OF DEA | ,,,, | MONIN DA | 19 | | | | | | |
| 19 | KED | Md. INJURY OCCURRED | 21e. PLACE OF | INJURY FACTORY, OFFICE, FA | PM FTC I | 211 LOCATION | 100 | CITY OR TO | VN | COUNTY | STATE |
| XY | 2 | AT WORK | (Arrivante since | . FACTORT, OFFICE, FA | ann, ere j | | | | | | |
| 11. | | 220.1 certify that (1) (this haspi | In the fi | deceased fram_ | Feb | .12 1987 | 2 | to | 13.19 | 82 | that (I) (we) last |
| X | , | saw the deceased alive an F-20.13, 1982, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. | | | | | | | | | |
| S | | 226. SIGNATURE DEGREE M. D. 22c. DATE SIGNED | | | | | | | | | |
| D | | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/15/82 | | | | | | | | | |
| 1 | 0 | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 5632 ANM POLIS ROAD # 7 | | | | | | | | | |
| | | H. DUZHO | TTAR | | | BLADEN | SRU | eg md | 207 | 110 | |
| | 23o B | BURIAL, CREMATION, REMOVAL | 236 DATE | | | EMETERY OR CREMATOR | | 23d LOCATION | | | STATE |
| | | BURIAL | 2/19/ | | | Nat. Ceme | ter | y Suitla | ind Po | MD | JIAIL |
| 24 FUNERAL DIRECTOR 4308 Suitland Rd. Suitland Md. 250 DATE REC'D. BY REGISTRAR' 256 DEGISTRAR'S SIGNATURE | | | | | | | | | | | |
| Robert E Wilhelm Fune Home 1882 June June June | | | | | | | | | | | (a) Ly |

DHMH - 16 50M 1/81 (VRA 15, 4) The state of the s

| R ATE GISTRAR | | | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH | NE B | REG. I | 70 | 0 | 5 | 4 |
|---------------------|-------|--------|--|---------|----------|-------|---|----|------|
| SEDNAME | FIRST | WIDDLE | LAST | 2a DATE | OF DEATH | MONTH | D | ΑY | YEAR |

| Ι' | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | | |
|---------------|--|-----------------|---|------------|--|--------------------------|---|--------------------------|
| | ECEASED NAME FIRST | MIE | DDLE | · · | AST | 20. DATE OF DEATH | | 26 HOUR |
| 100 | ASHLEIG | H NICHOL | E FISH | ER | | Februar 2 | 2, 1982 | 5:30p N |
| 3 S | EX | 4. RACE | | S. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | |
| F | EMALE | WHITE | | DECE | MBER 15, 1981 | | YRS. 2 7 | HOURS MIN. |
| 71 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | 8 | - D | 9. BALTIMORE CITY O | R COUNTY OF DEATH | |
| M | ARYLAND | UNITED S | STATES | WIDOWE | D NEVER MARRIED X | PRINCE GEO | RGE'S COUNTY | Z MD |
| 10. | CITY OR TOWN OF DEATH | | SPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | | OF BUSINESS OR |
| | NDREWS AFB | MALCOLM | GROW USA | AF ME | DICAL CENTER | NONE | F WORKING LIFE) INDUSTRY | |
| USI 130. | UAL RESIDENCE (IF NURSING HOLEO STATE 134 COU | NTY 1 | VE RESIDENCE BEFORE 34 CITY OR YOW! VASH DC | | 13d. INSIDE CITY LIMITS? | 5 CAPSTAN | GREEN | |
| 14 F | ATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | AE MIDDL€ | LA | |
| K | ING EDWARD | FISHER | | | CARRIE DAW | IN BARBER | | 131 |
| 160 | WAS DECEASED EVER IN U.S. AL | RMED FORCES? 1 | 66 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | WASH. D.C. | |
| N | | | NONE | | KING E. FISH | IER, 5Caps1 | anGREEN, S. | .W. |
| NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CON | | | NOT RELATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN IN PART 1 | (0) |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES X1 | INGS USED S OF DEATH? |
| EDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. | MONTH DA | Y YEAR | 21c HOW INJURY OCCURR | 1 | 1 | |
| MEDI | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF | INJURY T, FACTORY, OFFICE, FA | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | wn COUNTY | STATE |
| 1 | 22a I certify that (I) (this hosp saw the deceased alive ar- abave, (I) (we) (did) (did no 22b) SIGNATURE | FEB 22 | 19 6 | 32 or | 18 , 19 82 and that in (my) (our) opinion d DEGREE ATTENDING | , to FEB 2: | ote and hour and from the | E SIGNED |
| | 22d. PHYSICIAN'S NAME (TYPE | | | | PHYSICIAN 22e. ADDRESS | | IANG | FKB82 |
| | LUCKY DUNN, C | APT, USAF | | | MALCOLM GRO | W USAF MC, | AAFB, MD | 20331 |
| 230. | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE F 6 | | | EMETERY OR CREMATORY Memory Gar | dens. Kok | omo. India | state ana |

DHMH - 16 50M 1/81 (VRA 15, 4)

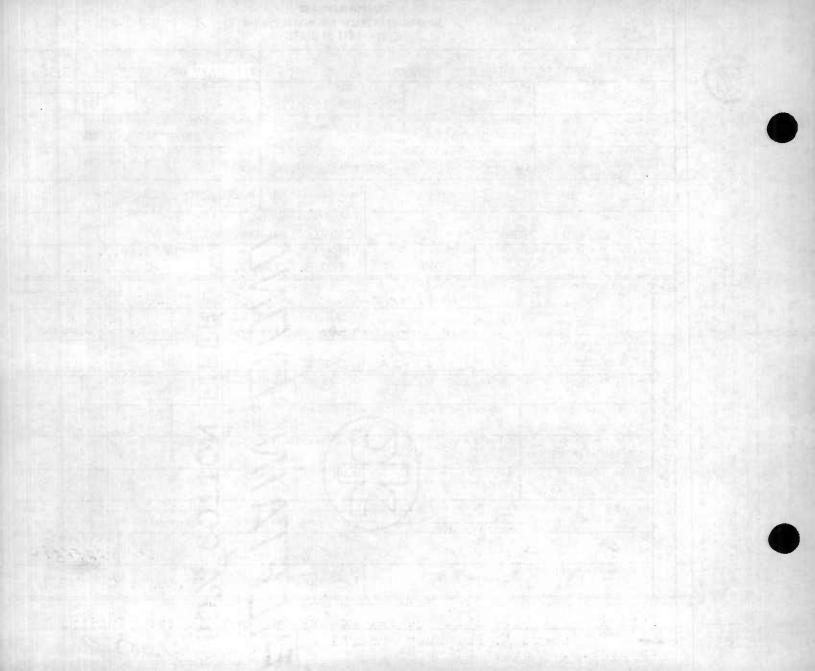
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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumatic event, th

should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation.

Robert A. Pumphrey Funeral Homes, P.A., Bethesda, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



| 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | CEASED NAME E OR PRINT) | Micha 4. RACE | 5. DATE OF BIRT | | GE (IN YEARS ! IF L | Fletcher UNDER 1 YR. IF UND | DER 24 HRS. 2c. | DATE KNOWN OF ESTI- DEATH MATED DATE ONOUNCED | | DAY YEAR 1982 | 2b. HOUR M | |
|--|-----------------------|--|--|--|--|--|--|-----------------|---|--------------|--|---------------|--|
| | 7 70. B | RTHPLACE (ST | White ATEOR D.C. | June 8, | WHAT COUNTRY? | 39 YRS. 8. MAR | RIED NEVER MA | RRIED 9. | DEAD BALTIMORE CIT | | | 5:00 P:00 | |
| P. 21201 P. 21201 P. ANY DELAY IS NEW AND 3 TO THE FULL SHOULD BE FILED THE FULL SHOULD BE FIL | 10. CI | ty or town o | OF DEATH | 11. NAME OF HO | OSPITAL, NURSING I FACILITY, GIVE STREET A | address) e Parkwa | THER INSTITUTION | 12a USUAL | OCCUPATION TO F WORKING LIFE) | TYPE OF WORK | orge's County, EOFWORK NUTTO NO STREET Dealershi | | |
| BALTIMORE, MD. 21201 GIVE PAGES 1, 2, AND 3 GIVE PAGES 1, 2, AND 3 TITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD INISION ®EVITAL RECORT | Ma Ma | ryland | Princ | OR OTHER INSTITUTION, NTY Ce Geo. | Riverd | READMISSION) TOWN | 13d INSIDE CITY LIMITS | lauri | O Green | vale Pa | arkway | | |
| ME, MD SES 1, 2 SES 1, 2 A PM 3 A AND 2 SEVITA | | THER'S NAME FIRST Vernon | | MIDDLE . | Fletche | r | Shirley | | MIDDLE | | Burke | | |
| JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I AF DIVISION DE | 16a. V | ES, NO, OR UNKNOV | VEVER IN U.S. AR | RMED FORCES? E WAR OR DATES) | 16b. SOCIAL S 213 38 | SECURITY NO. 2212 | Gerald L | . Fletc | | verdale | ldan Str e, Md. | eet | |
| | | | | | | | | | | | | | |
| CRDS, 201 W. PRESTON ST., SE EXECUTED WITHIN 24 HOUI JDING", IN PENCIL IN ITEM 18 JOICAL EXAMINER ALONG V. S A BURIAL - TRANSIT PERMIT I'TH AND MENTAL HYGIENE, I REMATION, OR REMOVAL. | NO | gove ris couse (o) lying cous | | (b) | OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE BUT NOT RELATED TO | UENCE OF | ASE DR CONDITION GIVEN IN | PART 1 (d). | 1 | | | | |
| 201 W. UTED W. IN PENCE EXAMINE INAL-TR. ON, OR | RTIFICATION | gove ris couse (a) lying cous PART 2 DTHER SIG | e to immediate stating the <u>under</u> se lost. INIFICANT (DINDITIONS | (b) DUE TO, C (c) (c) (S CONTRIBUTING TO DEAT | DR AS A CONSEQUENT OF THE BUT NOT RELATED TO | UENCE OF THE TERMINAL DISEA CH OPERATION Y | WAS PERFORMED? | | 1 | | 20. AUTOPSY YES XX | | |
| DIVISION OF VI HIS CERTIFICATE SI ARRITING THE WO ARDED TO THE CGE 3 SHOULD BE VITE DEPARTMENT TO PRIOR TO THE | MEDICAL CERTIFICATION | gove ris couse (a) lying cous PART 2 DTHER SIG | OPERATION L CAUSE WAS OF CAUSE OF | CONTRIBUTING TO DEAT 19b. CONE 21b. TIME 4 DEATH 21e PLACI | TH BUT NOT RELATED TO DITION FOR WHICE OF INJURY EST | UENCE OF THE TERMINAL DISEA THE TERMINAL DIS | WAS PERFORMED? HOW INJURY OCCUP Ubject inj OCATION , SIRREE | RRED (ENTERNAT | | | YES XX | NO [] | |
| DIVISION OF VI MEET THIS CERTIFICATE SI FLOATE, WRITING THE WO FLOAWARDED TO THE TORK PAGE 3 SHOULD BE THE STATE DEPARTMENT AND, 21201 PRIOR TO HE | | gove ris couse (a) lying cous (b) lying cous (b) lying cous (c) lying coust (c) ly | OPERATION L CAUSE WAS OR INCIDENT CONDITIONS COURRED NOT WHILE AT WORK y that I took char. | CONTRIBUTING TO DEAT 19b. CONE 21b. TIME 4 DEATH 21e PLACI | DITION FOR WHICH | THE TERMINAL DISEASE OF THE TE | was performed? How injury occup ubject injury ocation street 800 Greenv ipsy XX. Inspect Homicide TITLE (SPECIFY) | ected i | insulin | rdale, | YES XX | NO STATE Md. | |
| DIVISION OF VI HIS CERTIFICATE SI ARRITING THE WO ARDED TO THE CGE 3 SHOULD BE VITE DEPARTMENT TO PRIOR TO THE | MEDICAL | gove ris couse (a) lying cous (b) lying cous (couse | OPERATION CAUSE WAS OR OCCURRED NOT WHILE AT WORK That I took chore of from: Note NAME Vision 1 | DEATH 21b. TIME 19b. CONE 21b. TIME 4 P. 21e PLACI STREET 16 Toge of the remoins d prol couses | DR AS A CONSEQUENT OF THE BUT NOT RELATED TO DITION FOR WHICH OF INJURY EST. M. MONTH DAY M. EOF INJURY (AT ACTORY, FARM, ETC.) Plescribed obove, he Accident Dolan, M. | UENCE OF THE TERMINAL DISEA CH OPERATION Y Y YEAR 19 02 Si HOME. 21f. Li Gi eld on Auto Suicide M.D. | WAS PERFORMED? HOW INJURY OCCUP Ubject in joint of the second of the s | ected i | insulin ITY OR TOWN IN RIVER Inquiry ALEXAMINER IN Street | rdale, | YES XX POUNTY P. G. Co. | NO O | |

to note.

Stand , Telio 35

7.

Hittings Inc.

Serviced Uringe Geo. Rivershale x 6900 Greenfule Parlowny
Sermon E. Watteber Shirley Brirley
COT Sheridan Street
No. 27 78 2012 Garald L. Pletcher Street 10, Md.

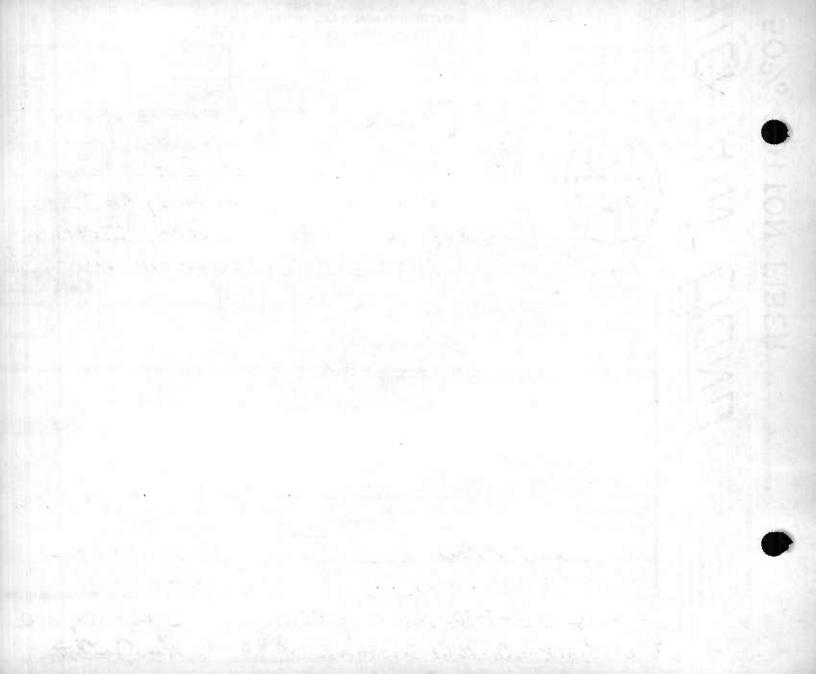
Baltimore, Md.

e formater Statement on

Hurrial 2/6/82 Ft. Linculo Constant Brentanod F.G. Maryland Francels Co. 's Sons Functed Hame, P.4.

Hydre-tile, Maryland

| Arlene R. Flowers OF ESTI- DEATH MATED XX 2 23 19 82 | 1. | FOR UNK.#82-18 | DEPARTMENT OF | HEALTH AND MENTAL HYG | DEATH | 2 2 9 |
|--|---------|---|--|--------------------------------|-----------------------------------|--------------------------------------|
| SATE OF BIRTH MORNEY MOR | | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE KNOWN MONTH | 11.1100 |
| 18 BRITHPLACE (SIATO OF MART COUNTRY) 18 MARRIED NEVER M | | 4. RACE S. DATE OF MONTH | BIRTH 6. AGE (IN YEAR LAST BIRTHDA | ARS IF UNDER 1 YR. IF UNDER 24 | HRS. 26. DATE MONTH | DAY YEAR 24 HOU 2:30 |
| ACCOKEEK 2000 b K. Sharpersyllile Road STILOFINIT Sharpersyllile Road STILOFINIT Sharpersyllile Road Sharpersyllile R | 7 7o. E | IRTHPLACE (STATE OR TIME OF THE OR STATE OR THE OR | of What Country? | WIDOWED DIVORCED | Prince George's | County, M |
| 139. STATE 138 COUNTY 131. CITY OR TOWN 131. MINDE (ITY IMINIS) 130. STREET ADDRESS 101 | | Accokeek / 12000 | SUCH FACILITY, GIVE STREET ADDRESS) DIK. Sharpers | sville Road | FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY |
| THE CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: MANDED AND A PLOWERS 18 - S. GOVE WAS ORD DATE) 18 - SOCIAL SECURITY NO. 17 - INFORMANT ADDRESS 18 - SOCIAL SECURITY NO. 17 - INFORMANT ADDRESS | 13g. | TATE D. C. 138 COUNTY | 13c. CITY OR TOWN | 13d, INSIDE CITY LIMITS? 13d | 1101-VALLEY AVE | 5,5.6. |
| 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot qun wound of Back DUE TO, OR AS A CONSEQUENCE OF | 160. | MORELL MIDDLE MORELL VAS DECEASED EVER IN U.S. ARMED FORCES: | DINTES JR. | ADA | JEAN ST | TEPHENS |
| IMMEDIATE CAUSE (a) Shotgun wound of Back | 3 | 18 CAUSE OF DEATH (Enter anly ane cause p | | ADA JA | Zower - 1101 b | APPROXIMATE INTERVAL |
| UNDERLYING ALOR OTHERUTING CAUSE OF DEATH ? P.M. 2 23 19 82 SUBject Was shot It injury occurred WHILE NOT WHILE AT WORK PIVER bank 12000 blk. Sharpersville Rd., Accokeek, Prince 220 I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Accident Suicide Hamicide W Undetermined manner Accident Title (SPECIFY) ACTUAL NOT WHILE AT WORK I 12000 blk. Sharpersville Rd., Accokeek, Prince and in my aprilian Undetermined manner Accident Title (SPECIFY) ACTUAL NOT WHILE AT WORK I 12000 blk. Sharpersville Rd., Accokeek, Prince and in my aprilian Undetermined manner Accident I 12000 blk. TITLE (SPECIFY) DATE 7.7.00 | z | Canditions, if any, which gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> DUE T | O, OR AS A CONSEQUENCE C | DF . | (0), | |
| UNDERLYING AGOR CONTRIBUTING CAUSE OF DEATH ? P.M. 2 23 19 82 SUBject Was shot 21d INJURY OCCURRED WHILE NOT WHILE AT WORK PIONE 27d I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes Accident Suicide Hamicide Windle Undetermined manner ACTUAL ACTUAL DATE 7.7.00 | FICATIO | 190 DATE OF OPERATION 196 C | ONDITION FOR WHICH OPER | ATION WAS PERFORMED? | | |
| AT WORK AT WORK I river bank 12000 blk, Sharpersville Rd., Accokeek, Prince 220 Leertify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inq | | UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH ? | P.M. 2 23 19 82 LACE OF INJURY (ATHOME, | 2 subject was sh | | |
| TITLE (SPECIFY) | W | AT WORK AT WORK | river bank | 12000 blk, Shar | rpersville Rd., Acco | okeek Prince |
| | | ACTUAL // | Accident . Sui | TITLE (SPECIFY) | DATE | 3-3-82 |
| 236, BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION | | | 7-82 HARM | TUNY CEM. | D. BY REGISTRAR 256 REGISTRAR'S S | VOR MO |
| BURIAL 3-9-82 HARMUNY CEM, ANDURE MO 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE | | COBT. G. MASON CO | -1661 Goes | HUAGAS MAR | 5 1982 Many Ja | Merth |



this certificate has be-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | | |
|---|--|------------------|---|---|----------------------|---------------------------------|
| DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE | | LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| WILLI | AM JOHN | FO | RD | FEB | 03 1982 | 4:20p M |
| 3. SEX | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| MALE | CAU | NOV | 05 ^{DAY} 192 ^{YEAR} | 59 | MONTHS DAYS | HOURS MIN. |
| PENNSYLVANIA | 76. CITIZEN OF WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED | 9 BALTIMORE CITY OR COU PRINCE GEORGE | NTY OF DEATH | MD |
| ANDREWS AFB | 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET MALCOLM GROW US | AF ME | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKH US AIR FORCE | | F BUSINESS OR |
| USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COI | UNTY 13c. CITY OR TOV | /N | 13d. INSIDE CITY LIMITS? YES X NO [| 13e STREET ADDRESS 2509 CORNING | AVE | |
| 14. FATHER'S NAME FIRST JOHN | MIDDLE LAST FORD |) | 15. MOTHER'S MAIDEN NAME OF THE STREET MARY | MARGARET | LAS | ī |
| | RMED FORCES? II 166 SOCIAL SECTION 166 SOCIAL SECTI | | PATRICE A FO | ADDRESS RD 2529 CORNING | G AVE #20 | FT 3 WASH |
| PART I. DEATH WAS CAUS | DUE TO, OR AS A CONSEQUE | ENCE OF | ULMONARY EMBO Embolismo VENOUS STASI US STASI ADEÑO-CARCINO CENOMA LOSIO | MATOSIS OF GI | TRACT | MATE INTERVAL INSELAND DEATH |
| PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | | |
| 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | | RTIFYING CAUSES YES | |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN | LAIN | AY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM | 18 PART 1 OR PART 2) | |

21d. INJURY OCCURRED

NOT WHILE

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1

DEC

211 LOCATION

CITY OR TOWN FEB 03

STAFF

COUNTY

22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on FEB 03 abave, (I) (we) (did) (did not) view the body after death 82 , and that in (my) (our) opinion death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED

ATTENDING

DIRECTOR PHYSICIAN MALCOLM GROW USAF MEDICAL CENTER

GEORGE SHAUGHNESS, CAPT, USAF, MC 230 BURIAL, CREMATION, REMOVAL (SPECIPBURIAL)

ANDREWS AFB MD 20331 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION

eb. 8, 1982 Arlington National Cemetery Arlington, Virginia Ale

MEDICAL

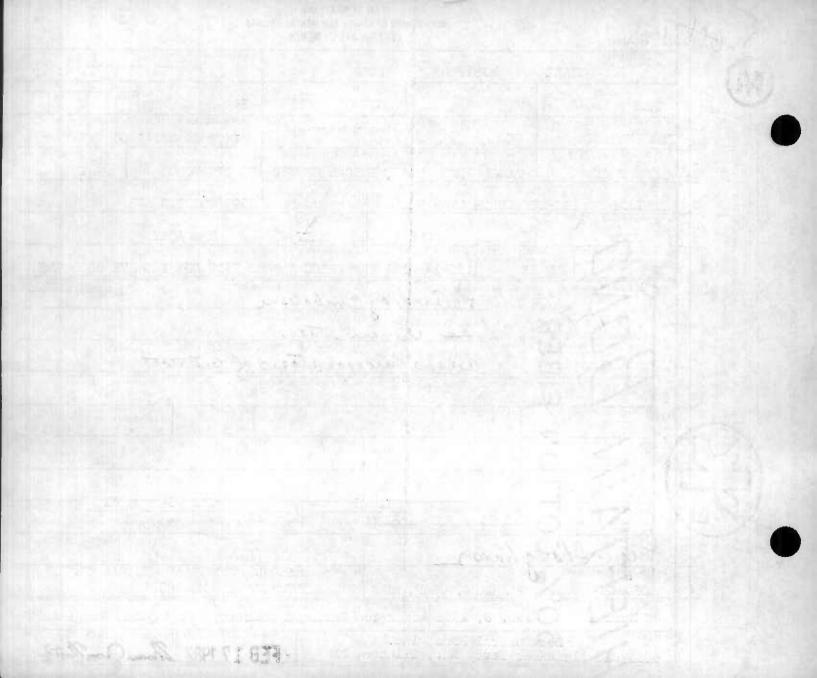
24 FUNERAL DIRECTOR Lee Funeral Home Inc. 6633 Old Alexander Ferry Rd., Clinton, MD 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

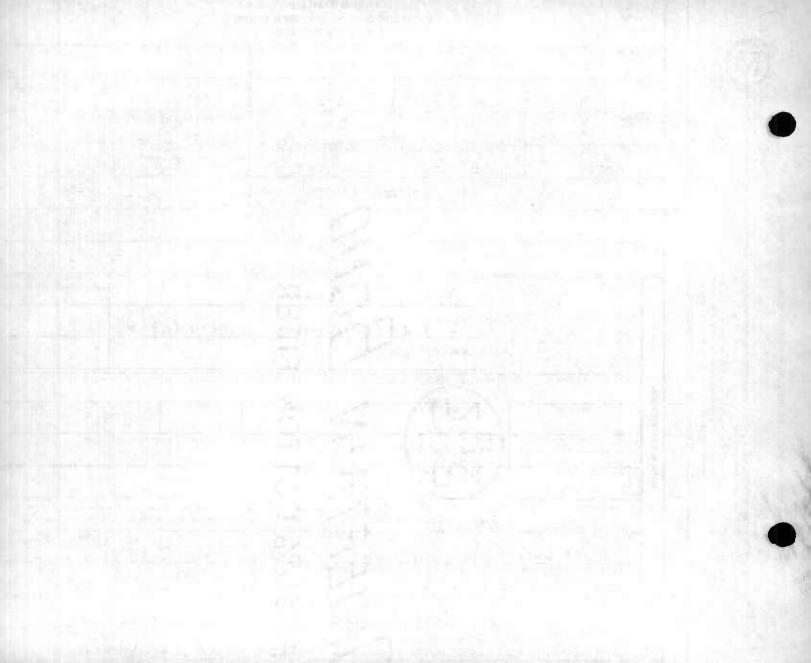
BP. DHMH - 16 50M 1/BI (VRA 15, 4)

TO FUNERAL DIRECTOR:

Hem 18

MPORTANT: If Hem 2 hould be detached









must be notified at once.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the furnish should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If them 21 is marked as them 18 shows any injury, as other traumatic event, the medical examiner must be haptified at angel.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 6.0 | 0 | 5 | 0 | 3 | 2 |
|----------|---|---|------|---|---|
| REG. NO. | | | Fire | | |

| | | REGISTRAR | | | | CERTI | FICATE OF DE | ATH | | REG. NO. | | | | |
|---|--|---|-------------------|--------------------------|--------------|-----------------|---------------------|----------------|-----------------------|-----------------|-------------------------------|--------------|------------|----------|
| | | | FIRST | | MIDDLE | | LAST | | 20 DATE OF D | | NTH DAY | YEAR | 26 HOUI | R |
| | 1 | W | ALLAC | E J | | F | RY JR | | - 100 | FER | 3 02 | 1982 | 4:10 | Op M |
| | 3 SE | X | | 4 RACE | | | | | 6. AGE (IN YEA | RS LAST BIRTHDA | | NDER I YEAR | IF UNDER | 24 HR5 |
| 1 | MAI | LE | | CAU | | MA | Y OÎ 1 | 919 | 62 | | YRS | THS DAYS | HOURS | MIN |
| 0 | 7a. BI | RTHPLACE (STATE OR F | FOREIGN | 76 CITIZEN OF | WHAT COUN | TRY? 8 | [] | 22.50 | 9 BALTIMORI | E CITY OR C | | DEATH | | |
| 1 | | | | USA | | | | RCED | PRINCE | GEORG | E'S C | OUNTY | | MD. |
| - | 10. CI | TY OR TOWN OF DEA | ATH | | | JRSING HOME | | | 12a USUAL O | CCUPATION | | 126. KIND O | F BUSINE | |
| 8 | ANI | DREWS AFB | | | | | OTCAL CEN | TER | AIR FO | | | ELECT | RONTO | 20 |
| 1 | I. DECEASED NAME (TYPE OR PRINT) WALLACE J FRY 3. SEX MALE CAU MAY A. BIRTHPLACE (STATE OR FOREIGN OF LIGHT OF WHAT COUNTRY) MARRIED OHTO USA II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GOVER RESIDENCE BEFORE ADMISSION 138 COUNTY MARYLAND MARYLAND MARYLAND MARYLAND PRINCE GEORGE FT WASH. MALCOLM GROW USAF MEDIC 138 CTATE WALLACE J FRY SR 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (186 WAS DECEASED EVER IN U.S. ARMED FORCES? (187 WALLACE MALCOLM GROW USAF MEDIC WITH OR TOWN OF DEATH MARYLAND PRINCE GEORGE FT WASH. 187 WALLACE J FRY SR 186 WAS DECEASED EVER IN U.S. ARMED FORCES? (186 WAS DECEASED EVER IN U.S. ARMED FORCES? (187 WALLACE MODILE FRY SR 186 WAS DECEASED EVER IN U.S. ARMED FORCES? (186 SOCIAL SECURITY NO. 17) WITH YES, GIVE WAR OR DATES) WW II DUE TO, OR AS A CONSEQUENCE OF CONDITIONS (I) TO TOWN OR OR OTHER BUT NO. (187 WAS DECEASED EVER IN U.S. ARMED FORCES? (189 WAS DECEASED EVER IN U.S. ARMED FORCES? (180 WAS DECEASED EVER IN U.S. ARMED FORCES? (181 WAS DECEASED EVER IN U.S. ARMED FORCES? (180 WAS DECEASED EVER IN U.S. ARMED FORCES? (181 WAS DECEASED EVER IN U.S. ARMED FORCES? (180 WAS DECEASED EVER IN U.S. ARMED FORCES? (180 WAS DECEASED EVER IN U.S. ARMED FORCES? (180 WAS DECEASED EVER IN U.S. ARMED FORCES? (181 WAS DECEASED EVER IN U.S. ARMED FORCES? (180 WAS DECEASED EVER IN U.S. ARMED FORCES? | | | |) | | 1 14 | | | ELECT | KONTO | 33 | | |
| 1 | | | | | | | YES X N | LIMITS? | 130 STREET AD 12905 K | | ATTITO (MIT | TOATE | | |
| | | THER'S NAME | | | | F | 15. MOTHER'S M | | | Thionin | ATTRACT | ROME | | - |
| 7 | - | REGISTRAR DECEASED NAME IMPEDIA PRINT WALLACE J SEX ALE CAU BIRTHPLACE (STATE OR FOREIGN COUNTRY) HIO USA CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, IJENOTIN SUCH FACILITY NDREWS AFB MALCOLM GROW MALCOLM GROW STATE NDREWS AFB MALCOLM GROW BUSA RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE OF STATE) INTO THE PRINCE GEORGE FT FATHER'S NAME FIRST WALLACE WALLACE WILL WALLACE WILL BENDEL BENDEL | | | | | DATON | | | MIDDLE | 71 | LAST | | |
| - | 16a V | | | | | | DAISY | | EVE | ADDRESS | H | .00D | | |
| | | | The second second | _ | 202 1/ | 01.01 | MADN E | EDW 10 | 200E 7/T | T TOTAL | THO CHE TH | TIM TYA | OHTM | OMON |
| | | | | = | | | MARY E. | FRY 12 | 2903 KI | PROKINI | E CIR | | | |
| | X | PART I. DE ATH W | AS CAUSE | ly one couse per D BY | 1. | . " | Aura | 4 | | | | BETWEEN | MATE INTER | DEATH |
| | | 110 110 | IMMEDIAT | E CAUSE (0) | arq | ance | BRAIN ST | | ARDIAC FARCTIO | ARREST | LADDIN | ADTOT | <u> </u> | |
| ď | | 4347 | | DUE TO, O | AS A CONS | EQUENCE OF | DIATIN SI | EN IN | | - 11 | ADKIH | AKISI | 5 | |
| | | | | (b) | Dram | . O PCCC | , 4 M | acc | 7,0 | adri | paren | ~ | | |
| | | couse (o), statin | g the | DUE TO, OF | R AS A CONS | EQUENCE OF | | | U | | | | | |
| | | | | | | | | | | | | | | |
| | z | PART 2 OTHER SIGN | NIFICANT C | CONDITIONS CO | ONTRIBUTING | JO DEATH BU | T NOT RELATED TO | THE TERMI | NAL DISEASE | OR CONDITIO | ON GIVEN I | N PART 110 | 1 | |
| 4 | TIO | IA- DATE OF OPERAT | 1011 | IN CONTR | 710711508111 | | | | 1 | | | | | |
| | FIC | 196 DATE OF OPERAL | HON | TAP CONDI | HON FOR W | HICH OPERATIO | ON WAS PERFORM | ED | 20a AUTOP | | b. IF YES, WI I CERTIFYING | | | |
| | RTI | | | | | | | | | VO | YES [| | NO 🗆 | |
| | | | _ | | | DAY YEAR | 21c. HOW INJU | RY OCCURRE | ED (ENTERNATU | RE OF INJURY IN | ITEM 18 PART I | OR PART 2) | | |
| | CAI | (IF EITHER NOTIFY MEDIC | CAL EXAMINER | | M. | 19 | | | | | | | | |
| | VED | | | | | FICE FARM FIC) | 211 LOCATION | | | CITY OR TOWN | | COUNTY | SI | ATE |
| | ~ | | RK . | | | | | | | | | | | |
| | | 220.1 certify that (1) | (this haspi | tal) attended the | deceased fr | | JAN | 19 82 | , to2 | FEB | . 19_ | 82_, | hat (l) (w | re) lost |
| | | | | | | 19_02_,0 | nd that in (my) (au | or) opinion de | eath accurred | on the date o | and hour one | d from the c | auses stat | led |
| | X | | 0 | 110 | 0 | 111. | DEGREE | | | | | 22r DATES | KINED | 3 |
| | | Thede | Well. | Hall | Ly () | Ille | | ENDING | MEDICAL DIRECTOR | STAFF | 0- | 2/2 | 187 | 2 |
| | | 224 PHYSICIAN'S NA | AME ITYPE O | R PRINT) | 1 | -/ | 22e ADDRESSM | | | | | L CEN | TER | |
| | | THADDEUS | H. RT | LEY. CAT | PT. USA | AF. MC | | | S AFB M | | | L OLIN | -111 | |
| - | 23a B | LIRIAL CREMATION | | 23b. DATE | | | CEMETERY OR CRE | | 123d LOCATI | | _ | | | _ |
| | 1: | Burial | | 2/5/8 | | | on Nat'l | | CITY OR | IOWN | | UNTY | | ATE |
| | | INERAL DIRECTOR | | -/-/0 | | Oxon Hi | | | REC'T SHOW | ngton | REGISTRATE | SHENATI | irgi | nia |
| | - | NAME | | | OTOUR | UXON H1 | II Hd. | 4- | JUUL | 1 1000 | | A13' M. | daily. | |

George P. Kalas Funeral Home Oxon Hill, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

2/6/82 Arlington Mat'lighter .51 .164 noxu Chia .511, 113 moxu boma imperui salak .. oznaci.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| Can |
| BA9 |
| |

5033

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

| | | REGISTRAR | REDUARY 12, 1982 S DATE OF BIRTH S AGE (IN TARGLAST BIRTHOWN) D UNDER 1 S DATE OF BIRTH S AGE (IN TARGLAST BIRTHOWN) D UNDER 1 S DATE OF BIRTH S AGE (IN TARGLAST BIRTHOWN) D UNDER 1 S DATE OF BIRTH S AGE (IN TARGLAST BIRTHOWN) D UNDER 1 S DATE OF BIRTH S AGE (IN TARGLAST BIRTHOWN) D UNDER 1 S DATE OF BIRTH S AGE (IN TARGLAST BIRTHOWN) D BALTIMORE CITY OF COUNTY OF DEAT D IN THE D STATES D MARKED FOR STATE AND STATES D MONKED D MONKED D MONKED D MONKED D MONKED D MONKED D IN THE D MAN STATES D IN THE D MALCOLUM GROW USAF MEDICAL CENTER D IN THE D MAN STATES D IN | | | | | | | |
|-----------|---|--|--|---------------------|--------------------|--|-----------------------------------|---|-----------------|------------------|
| | | | | MIDDLE | l. | AST | | | AY YEAR | 26 HOUR |
| | 10100 | | A PE | RRY | FR | YE | FEBUARY 1 | 2, 198 | 2 | 2:20 am |
| | 3. SE> | (| 4. RACE | | | | | ARY 12, 1982 ARY 12, 1982 ARS LAST BIRTHDAY) YRS. RECITY OR COUNTY OF DE GEORGE'S CO CCUPATION FOR MOST OF WORKING LIFE) MAYNA ADDRESS JARVIS AVE NU MIDDLE MAYNA ADDRESS JARVIS AVE, PULMONARY ARR RCINOMA OR CONDITION GIVEN IN PSY? 200. IF YES, WEF IN CERTIFYING YES URE OF INJURY IN ITEM 18, PART 1 O CITY OR TOWN CITY OR TOWN COUNTY ON TOWN COUNTY OR TOWN REDICAL CENTE TON RECLITY OR COUNTY OF DEPTH 18 TO THE PART 1 O TON RECLITY OR COUNTY OF TON TON TON TON TON TON TON TON | FUNDER I YEAR | IF UNDER 24 HRS |
| | FEM | IALE | A PERRY FRYE B CALE OF BIRTH JUNE 30, 1922 B AAGE IN YEARS LAST BRITHDAY B AGE IN YEARS LAST BRITHDAY THE CHIZEN OF WHAT COUNTRY? B AARRIED D NORCED PRINCE GEORGE'S CO WIDOWED DNORCED PRINCE GEORGE'S CO II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PROT NORCEM CITY OF DWORKING LIFE WHITE CLEEK MALCOLM GROW USAF MEDICAL CENTER CEGORGE'S COON HILL B MOTHER'S MAIDEN NAME ADDIE LAST PERRY ESSIE MAYNA ADDIE LAST PERRY ESSIE MAYNA ADDRESS AMODIE PERRY ESSIE MAYNA ADDRESS AMODIE PERRY ESSIE MAYNA ADDRESS AMODIE LAST PERRY ESSIE MAYNA ADDRESS ADDRESS | | ONTHS DAYS | HOURS MIN. | | | | |
| | 7a. BII | ECEASED NAME PROST PRIST MIDDLE LAST PREAD PERRY FRYE EX | | NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | | | |
| | WES | ST VIRGINIA | | | WIDOWE | D DIVORCED | PRINCE GEC | RGE 'S | COUNTY | MD |
| 6 | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NUR | SING HOME C | OR OTHER INSTITUTION | | | 12b. KIND C | F BUSINESS OR |
| Ž | | | MALCOL | 1 GROW U | ISAF ME | DICAL CENTER | | J. WORKING (1/E) | Reta | naval il Syst |
| 5 | MAR | RYLAND PRINCI | ITY | 13c. CITY OR TO | NWC | | 13e. STREET ADDRESS 1606 JARVI | S AVE | IUE | |
| _ | 14 FA | | WIDDIE | LAST | | | | | LAS | · · |
| 2 | NOA | AH . | | | | | in but | MAYI | | |
| | DECEASED NAME (1995 CHRIMME) IDECEASED NAME (1995 CHRIMME) IDECEASED NAME IDECEASED NAME | | | | | | | | | |
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| 4 | FF | | | | | | WES TO WORTH | IN CERTIFY | ING CAUSES | OF DEATH? |
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| 3 | | | | | DAY YEAR | ZIE BOW INJURY OCCUR | KED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | RT I OR PART 2} | |
| П | A | | | M. | 19 | | | | | |
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| 1 | X | WHILE NOT WHILE | (AT HOME, STE | EET, FACTORY, OFFIC | E FARM, ETC } | STREET | CITY OR TO |)WN | COUNTY | STATE |
| 1 | | TEASED NAME TEAST PAME TEAST PAME TEAST PART TEAST PART TEBURY 12, 1982 TEBURY 12, 19 | | 9 | that (I) (we) last | | | | | |
| 1 | | sow the deceased alive on |) viaur tha hadii | 19 | , or | d that in (my) (our) opinion | death occurred on the d | ate and hour | | |
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| | | GARY HEDLUND, | | | 483 | MALCOLM GROW | USAF MEDIC | AL CEN | TER, A | AFB, MD |
| | 23a B | URIAL, CREMATION, REMOVAL | 23b. DATE F | eb. 23 | c. NAME OF C | EMETERY OR CREMATORY | | | West | |
| | | Burial | 15, 1 | 982 | | | Verduny | ville, | Virg | inia |
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Blvd

TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

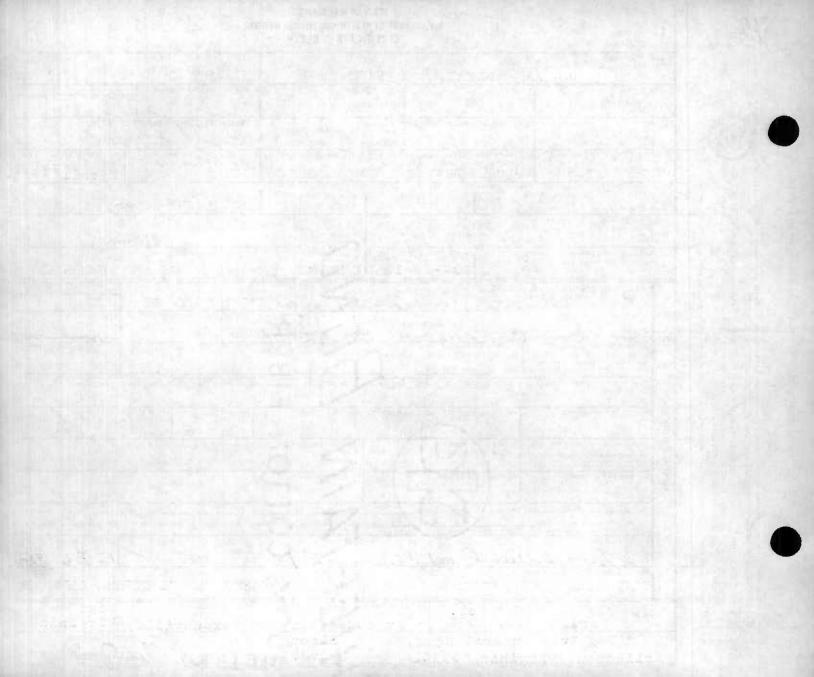
TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carban page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR Ives Funeral Home,

Arlington, Virginia 22201



| 70 | 1 - STA REG | | | | | STA MENT OF EXAMIN | HEALTH | | NTAL H | V | н | REG. NO. | 5 0 | 3 | en |
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| 결혼자운다. | TYPE OR | SED NAME | ROBE | CRT S | MIDDLE | N | GA | ITHER | , SR | | | STI- | 2-13 | YEAR 1982 | 26. HOUR |
| A STATE OF S | 7a BIRTH | IALE | WHITE VIE OR | 5. DATE OF BIRTH MONTH DAY 3 -13- | | | RS. MONTH | VIHS DAYS HOURS MIN. PRONOUNCED DEADDOA 2-13 1982 7:2 | | | | | | 2d HOUR | |
| AND FRANCE | | ingtor | | U.S.A. | | | WIDOW | ED NEV | ER MARRII DIVORCE | | RINCE | GEORGI | ES | | MD |
| 201 NY DELAY IST TAIN PACE THE PIED OPENS 201W | Cher | verly | | II. NAME OF HOS (IF NOT IN SUCH FA Prince (| CILITY, GIVES | e's Ge | neral | | | 12a USUA FOR MO Sal | LOCCUPAT STOFWORKING ESMAN | ION (TYPE OF | WORK 12b. K | IND OF BU OR INDUSTR Paint | SINESS RY |
| # 로운품스품 | Mary | land | 136. COUN | OR OTHER INSTITUTION, GI | 13c. CITY | OR TOWN | ION) | 13d. INSIDE (II Yes 🛣 | NO 🗆 | | T ADDRESS East | Avenu | e | | |
| M ATH ND2 | Gi | R'S NAME FIRST XY | | middle 1 | | ither | | | lice | N NAME | MIDDL | | | iger | |
| IRS AFTER DE S. GIVE PAGE WITH FORM I. PAGES I A DIVISION OF | (YES, NO | DECEASED D. OR UNKNOV | EVER IN U.S. ARA | MED FORCES? WAR OR DATES) | | -109-1 | | Robe: | | Gait | her, | Jr.Sui | 0 East | . Aver | nue |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS THE WORD." IN PENCIL IN THEM BE ROED TO THE CHIEF MEDICAL EXAMINER ALONG PES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT EDEPARTMENT OF HEALTH AND MENTAL HYGENED TO PRIOR TO BURIAL, CREMATION, OR REMOVAL | | Canditians gave rise cause (a) s lying caus | s, if any, which to immediate stating the <u>under-</u> e last. | DUE TO, OR | AS A CON | IOSCIE: NSEQUENCE NSEQUENCE | OF OF | | | | Disea | se | | | |
| WITAL REC SHOULD E OND "PEN CHIEF ME E USED A! URIAL, CI | CERTIFICATION 160 | DATE OF | OPERATION | 196. CONDI | ION FOR | WHICH OPE | RATION W | AS PERFORA | MED? | | | | 20 | AUTOPSY? | |
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| DIVISI DIVISI HIS CERI WRITING ARDED ARE 3 SH ARTE DEP | ¥ w | HILE WORK | NOT WHILE CAT WORK | 21e PLACE (STREET, FACT | | | | CATION TREET | | | CITY OR TOWN | | COUNTY | | STATE |
| TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIQ | AC SK | TUAL | Ayuni | e af the remains des | Accident | a, si | 2 | Hamici | JTY | Undeter | Inquiry K | er , | SIGNED. | /13/8 | 2 |
| O ME XECU A FTER ALTIN | | | | to P. Rod | | PZ M.D. | | | | yburr 123d. toc | | Camp S | prings | s. Md | |
| BP | B | urial | | 2/16/82 | | Cedar I | | Cemete | ry | Si | itlan | d Pr. | Geo. | Mar | yland |
| DHMH - 17 (VR A15 ME (5)) 15M2/80 | NA | RAL DIRECT | | uneral Ho | 60 03 me 03 | con Hi | ll Rd | d. | FEB | JC. S. B. J. | EGISTRAR 102 | REGIS (F | RAMSSIGNO | LURE | |

A. T. O. J. Mot Elf-ac Firled May " meanwhile tour continue to the mean to the planting lichers a mither, dr. grant, dr. and the second s A Comparison of the control of the c An Event on the first present first was the deal of the contract of the contra

> . D. Lin more 3016 . O. Lin more found letter and d. . sproad

signed by the ottending physician and campletely filled in by the funeral di-ten please remove carbanpapers. Pages I and 2 shauld be filed within 72 ha

medical examiner must be totified at ance.

injury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carba proper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is morked or them 18 shows ony

| 1 - | FOR STATE REGISTRAR |
|-------|---------------------------|
| 1 DEC | EASED NAME |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 256 PERISTRAR POSNATORS

| 1' | REGISTRAR | | | CERTII | ICATE OF DEATH | REG. NO | | | |
|---------------|---|-----------------------------|-----------------------|------------|--|----------------------------------|---------------------|-------------|------------------|
| | CEASED NAME FIRST | | MIDDLE | | LAST | 20. DATE OF DEATH | | YEAR | 26 HOUR |
| | | NTHIA (| GASKIN | | | FEBUARY 9 | 1982 | | 6:30p M |
| 3 SE | | 4. RACE | | 5 DATE | | 6 AGE (IN YEARS LAST BIR | THDAY) IF U | NDER I YEAR | IF UNDER 24 HRS. |
| I | FEMALE | BLACK | | SEP | TEMBER 20, 194 | 3 38 | YRS | THS DATS | HOURS MIN. |
| | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | 9. BALTIMORE CITY O | | DEATH | |
| | ST INDIES | UNITED | STATES | WIDOW | DXXNEVER MARRIED DIVORCED DI | PRINCE GEO | PCETS C | OTINITY | |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPATE | ON II | 12b. KIND C | OF BUSINESS OR |
| AN | NDREWS AFB | | FACILITY, GIVE STREET | | DICAL CENTER | (TYPE OF WORK FOR MOST O | F WORKING LIFE) | INDUSTRY | DANCE |
| USU. | AL RESIDENCE (IF NURSING HOME C | R OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | TNSO | RANCE |
| | 100 000 | CE GEORG | 13c CITY OR TOW | REWS | 13d. Inside city limits? YES NO 🛣 | 136 STREET ADDRESS 5134B JERS | TAD CDT | | |
| | ATHER'S NAME | OL GLORE | L 5 AND | KEWS | 15 MOTHER'S MAIDEN NAM | | LAD CRI | | |
| T.A | AURIE | MIDDLE | FIELDS | | FIRST DAY A MARE D | MIDDLE | | LAS | 51 |
| - | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 16b SOCIAL SECU | RITY NO | EDNA MAE D | DAVIS | 55 | 0.00 | 0.5 |
| | YES NO OR UNKNOWN) (IF YES, G | VE WAR OR DATES) | | | | | | 203. | |
| 146 | 18 CAUSE OF DEATH (Enter o | | 053-48-4 | | EDWARD GASKIN | 1 5134B JERS | STAD CRI | | FB, MD |
| CERTIFICATION | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION | (c) CONDITIONS <u>CC</u> | | DEATH BUT | NOT RELATED TO THE TERMII | NAL DISEASE OR COND | 20b. IF YES, WE | ERE FINDIN | NGS USED |
| TIF | | | | | | YES NO NO | IN CERTIFYING | | OF DEATH? |
| MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | R) P./ | M. MONTH DA | 19 | 21c. HOW INJURY OCCURRE | | Y IN ITEM 18 PART I | 3 | STATE |
| < | WHILE NOT WHILE AT WORK | , | OFFICE, F | | | | | | JIAIL |
| | 22e) certify that (I) (this hosp sow the deceased alive or obove. (I) (was laid) (did no 22b. SIGNATUR 22d. PHYSICIAN'S NAME TYPE | rellu | | 2_, an | d that in (my) (aur) opinion do DEGREE ATTENDING PHYSICIAN | | F _ | | |
| | | | CAE MC | | 22e ADDRESS | | | | |
| | GARY HEDLUND, | | | | MALCOLM GROW | USAF MC, AA | FB, MD | 203 | 331 |
| 23a B | BURIAL, CREMATION, REMOVAL BURIAL | 23b. DATE 2-12-8 | | | emetery or Crematory on Natl. Ce | 23d LOCATION CITYOR TOWN AT Lin | gton, co | Viro | iniä |

Robt E Wilhelm ADDRES 4308 Suitland 150 DATE REC'D. Home Rd., Suitland, Md.

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR Funeral Home Section of the second

| / 32 | | | | | | STATE OF | MARYLAND | | | | | | |
|--|---------------|--|-------------------|--------------------|---------------------------------------|------------------|----------------------|-------------------|----------------------|--------------------|-----------------|---|-------------|
| 73. 8 | 1. | FOR STATE | | | DEPARTMENT | OF HEALT | H AND MEN | TAL HYGIE | NE 2 | 0 | 5 | 10 | 0 |
| 2 | | REGISTRAR | | ME | DICAL EXA | MINER'S | CERTIFICA | TE OF DE | ATH | REG. NO. | | | |
| # 3 | | CEASED NAME | FIRST | | MIDDLE | 1: | LAST | | 20. DATE | KNOWN D | MONTH D | DAY YEAR | Zb. HOUR |
| ET, ET, | 1 | 1 | ou/ | VER | beck | Get | hand | | OF DEATH | MATED | 2-1 | 8 1982 | , M |
| PLEASE RECTOR. R FILES. HOURS STREET, | 3 SEX | 4 RAC | | DATE OF BIRTH | | E (IN YEARS IF L | | UNDER 24 HRS. | . 2c. DATE | LCED. | MONTH E | DAY YEAR | 24 HOUR |
| N S S S S S S S S S S S S S S S S S S S | 1/ | Take Wi | hite | 2-18. | | 3 YRS. | NTHS DAYS HO | OURS MIN: | PRONOUN | 2 - | -18 | 1982 | 195° W |
| Tax m) | 70. B | IRTHPLACE (STATE OR DREIGN COUNTRY) | 7b. | CITIZEN OF W | HAT COUNTRY? | 8. MAR | RIED NEVER | MARRIED [| 9. BALTIM | ORE CITY OR | COUNTY | OF DEATH | |
| 安美等 | | JAPAN | 22.0 | USA | | WIDO | | IVORCED [| PRINC | CE GENE | PEFS C | PTUSO | MD |
| 2 43 6 | 10. C | ITY OR TOWN OF DEA | ATH 11. | NAME OF HOS | SPITAL, NURSING | HOME, OR OT | THER INSTITUTIO | N 120. US | UAL OCCUI | PATION ITYPE | | OR INDUST | ISINESS |
| A STATE OF THE STA | C | HEVERIU | | rince | (Deryo, | Ton er | alltosi | TITEL RE | ET. GOV | KING LIFE) | 0.00 | NSA | KI |
| 一一一一一一 | USUA 13a S | AL RESIDENCE (IF IN NUI | RSING HOME OF OTH | HER INSTITUTION, G | 13c. CITY OR TO | | 1134 INSIDE CITY L | | REET ADDRE | | | | |
| 2 | | ARYLAND | P6. | | LANDOYE | | 000 | | | LANDOV | ER Rol | | |
| H. 14 . 2, 2, 2, 2, 2, 3, 7, 2, 3, 7, 2, 3, 7, 2, 3, 7, 2, 3, 7, 2, 3, 7, 2, 3, 7, 2, 3, 7, 2, 3, 7, 3 | | ATHER'S NAME | | IDDLE | | | 15. MOTHER'S | MAIDEN NAM | E | | | | |
| EAT PANDA NO | F | Paul | Lame | | GERHAR | 0 | LAUR | 13 | Blank | DDLE | | Auit | |
| THE DE PAGE OR A CORN ON O ON O | 160 V | VAS DECEASED EVER | IN U.S. ARMED | FORCES? | 166. SOCIAL SE | CURITY NO. | 17. INFORMAN | | | ADDRESS | | | |
| STON ST., BALTIMORE, MD. 21201 124 HOURS AFTER DEATH. IF ANY 11EM IB. GIVE PAGES I, 2, AND ALONG WITH FORM PM 3, BETA TOPERMIT. PAGES I AND 2 SHOUL YOGENE, DIVISION OF VITAL PECOLOMA. | | uknown | N/A | OKDATES | 578-32 | 2157 | ISABE | A. GER | haro | SAME | as 13 | SE | |
| | | 18. CAUSE OF DEAT | H (Enter anly or | ne cause per M | fog(a), (b), and (| ()) | | 4 | , | . ? | | APPROXIMATE BETWEEN ONSET | INTERVAL |
| EDS, 201 W. PRESTON ST. XECUTED WITHIN 24 HOUG' IN PENCIL IN ITEM IE BAL EXAMINER ALONG VENCIL IN TRANSIT PERMIT AND MENTAL IFRAMIT AND MENTAL INFORMENTAL INFORMENTAL INFORMENTAL INFORMENTAL INFORMATION, OR REMOVAL. | | PART I DEATH W | AS CAUSED BY: | | feres of | entre | andle | MISOLL | lat a | lisea | ee | BEL MEELA OLASE | I AND DEATH |
| STO N 24 ALC | | 4290 | 7 | DUETO, OR | AS A CONSEQUE | ENCE OF | | | - | | | | |
| PREA ANS AL H REA | 1 | Canditions, if a | | (b) | | | | | | | | | |
| WANTE OR THE OR | | cause (a) stating lying cause last. | | | AS A CONSEQUE | NCE OF | | | | | | | |
| D N N N N N N N N N N N N N N N N N N N | | lying coose last. | | (c) | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WER SHOULD BE USED AS A BURIAL. IRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | PART 2 OTHER SIGNIFICANT | T CONDITIONS CONT | RIBUTING TO OEATH | BUT NOT RELATED TO T | HE TERMINAL DISE | ASE OR CONDITION GIV | EN IN PART 1 (g). | | | | | |
| RECORDS ID BE EXE PENDING: PENDING: PASS A BU HEALTH AN HEALTH AN | CERTIFICATION | | | | | | | | | | | | |
| SHOULD ORD "PEI OR LEE NO CHIEF NO CHIE | 3 | 190. DATE OF OPERA | TION | 196 CONDI | TION FOR WHICH | OPERATION | WAS PERFORMED | D? | • | | 7 | 20 AUTOPSY | ? |
| F VITAL F VITAL FE SHOUL WORD "I FE CHIEF ENT OF H | 1 = | | | | | | | | | | - 1 | YES 🗌 | NO D |
| A THE WARN TO BE TO BE | 8 | UNDERLYING | | HOUR A.M | | YEAR 21c. | HOW INJURY OC | CURRED (ENTER | R NATURE OF INJ | URY IN ITEM 18 PAI | RT I OR PART 2) |) | |
| CERTIFICATION OF THE STATE OF T | MEDICAL | CONTRIBUTING | CAUSE OF DEAT | TH P.N | ١. | 19 | | | | | | | |
| VIS CERT | AED! | 21d. INJURY OCCURE | RÉD WHILE - | 21e PLACE | OF INJURY (AT HO TORY, FARM, ETC.) | OME, 21f L | OCATION STREET | | CITY OR TO | A/N | COUNTY | v | STATE |
| DIVIS FR: THIS CER ATE, WRITIN ORWARDED WR. PAGE 3 S HE STATE DEP | 1 | AT WORK AT W | ORK | | , | | | | / | / | | | 07777 |
| ATE, T ORW D, 2 | | 22a certify that ! | I taak charge of | the remains de | cribed abave, held | dan Auto | apsy , In | spection . | Inquiry | and | in my opinio | an | |
| ME WET A | | death resulted fram | | | Accident . | Suicide | Homicide | | termined mo | | , op | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| ARY ARY | | 1 | 2. | , nv | 7. | | TITLE (SPEC | (IFY) | | | | | |
| A H H P P P P P P P P P P P P P P P P P | | ACTUAL SIGNATURE | rugust | DY | Jugues | | M.D. Deput | ty MEI | DICAL EXAM | UNER | DATE SIGNED | 2-18 | -82 |
| DEA STEEL | - | EVALUE IERICALIANE | | // | 110 | | 500 | | | | | 114110 | Md |
| TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD FOR DEATH DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 | e la | (TYPE OR PRINT) | Mugust | o P. Ro | driguez, | M.D. | _ADDRESS | 09 Raybu | urn co | urt, 16 | subre | niiis, | Mu. |
| PACT PACT PACT PACT PACT PACT PACT PACT | 23a.B | URIAL, CREMATION, RI | | | 23c. NAME C | | OR CREMATORY | 23d. LC | OCATION Y OR TOWN | | COUNTY | CT. | ATE |
| BP | | REMATION | 2- | 20-82 | CEDAR | HILL CR. | enatory | 1 64 | MAID | 00 | PG | mo | |
| DHMH-17 | 24. FI | UNERAL DIRECTOR | | ADDRESS | | | | DATE REC'D, B | UE99B2 | | RANSSIGN | LA WARRY (| 200 |
| (VR A15 ME (5)) 15M 2/80 | 6 | | 9013 A | NNAPO | | MANAM | MD. | • | 1 .00% | | ON! | | |
| 13M 2/80 | | | | | | | | | | | | | |

12 30 L NO. CHEVERTH TO THE THE SECRET SECRETARY SET CONTRACTOR Hull mount state transco training light Videous Same on the Transf Ribishar Same as 135. The state of the s The state of the s Company of the second Comment of the Manager Comment of the Manager of the Manage

| / | 1 - | FOR STATE REGISTRAR | DEPARTR | CERTIFICATE OF DEATH | REG. N | 0. |
|---|-------------|--|---|---|------------------------------------|---|
| | | EASED NAME FIRST | MIDDLE | LAST | | MONTH DAY YEAR 26. HOUR |
| | ,,,,, | LEO | | GRAY | Marie Comment | 2.18.82 4.0 |
| 3 | SEX | | 4 RACE | S DATE OF BIRTH | & AGE (IN YEARS LAST BIRT | MONTHS DAYS HOURS |
| - | | iale | Negro | August 12, 1982 | 63 | YRS. |
| 20 | CC | THPLACE ISTATE OR FOREIGN UNITRY) LINSTON, N.C. | 7. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | | eorges County |
| 04 | 0 CI | Y OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET | | 12e USUAL OCCUPATI | F WORKING LIFE) INDUSTRY |
| 9-1 | LC | LEFSIDENCE LENGISSING HOME O | Greater Laurel B | | al Car Deale | r Used Car |
| 70 | 13a S | N.C. | NTY 136 CITY OR TOW Kinston | YES NO | 619 East | Lenoir Street |
| 024 | 4 FA | Simon Gray | MIDDLE LAST | 15 MOTHER'S MAIDEN FIRST Emmaline | Graham | LAST |
| 0 10 | 6e. W | AS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SECU | RITY NO 17 INFORMANT | ADDR | SS |
| 1 53 | | no | 246 26 1 | 947 Fannie Gr | ay same as 1 | 3e |
| even | | 18 CAUSE OF DEATH (Enter of | nly one couse per line far (a), (b), and D BY | d (c).) | | BETWEEN ONSET AND D |
| reme | Н | | TE CAUSE (0) VENTERCY | VAR TACHYCARDIA | | Imnopian |
| carbon on, or r trauma | | 4254 | DUE TO, OR AS A CONSEQUE | ENCE OF | | |
| | | Conditions, if any, which | | onic Shore | | , |
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| buris | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO E | DEATH BUT NOT RELATED TO THE 1 | ERMINAL DISEASE OR CON | DITION GIVEN IN PART 1(a) |
| or to | ON I | SEVENE ADD | c Isofficiency | 1 Sp Appric | BISSECTION 7 | 4PE 1 |
| SMA | CERTIFICAT | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH |
| h h | TE | - mary | | 40 | YES NO | YES NO |
| 8 sh | | 210. ACCIDENT WAS UNDERLYING | - 1 | 216 HOW INJURY OC | CURRED (ENTER NATURE OF INJU | RY IN ITEM 18, PART † OR PART 2) |
| - 0// | | OR CONTRIBUTING CAUSE OF DE | Ain | 19 | | |
| lental or Iter | MEDICAL CEI | OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | Ain | 21f LOCATION | CITY OR TO | NN COUNTY ST |
| th and Mental th and Mental marked or Iter | | OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IF Y MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 21f LOCATION STREET | | |
| and Mental and Mental arked or Iter | | OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22d. I certify that (#) (this hosp | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.) 21f LOCATION STREET 19 | 2 | 2 - 18 19 82 , that (I) (w |
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| MARY E. GRAY GRAY DEATH MARCH 2 18 19 82 | 1, | FOR | | | STA DEPARTMENT OF | HEALTH A | | HYGIENE | | 17 1 | | 2 2 | | |
|--|-------|-----------------|--|-----------------------|-----------------------------|------------------|-----------------------|------------------|-----------------------|------------------|--------------|-------------|--|--|
| MARY E. GRAY GRAY DEATH MATED 2 18 19 82 DEATH MATED DEATH DEATH MATED DEATH MATED DEATH MATED DEATH MATED DEATH DEATH MATED | | | | ME | DICAL EXAMIN | NER'S CE | RTIFICATE C | OF DEAT | H REG | . NO. | 3 12 | (3 (J | | |
| MARY E. GRAY DEATH MATED 2 18 19 82 S. SEX 4. RACE Female Negro Jactic of Birth Month DAY Jactic of Birth DAY Jactic of Birth Month DAY Jactic of Birth Jactic of Birth DAY Jactic of Birth Jacti | 1.1 | PECEASED NAM | AE FIRST | | MIDDLE | LAS | ř | 20. | DATE KNOWN | MONTH | DAY YEA | R 2b HC | | |
| Female Negro Neg | | | MAR | Y | E. | GRAY | | | | □ 2 | 18 19 8 | 32 | | |
| Pa BRITHPACE 1974TOR Pa BRITHPACE 1974TOR Pa BRITHPACE 1974TOR Page 10 | 3.5 | EX | 4. RACE | 5. DATE OF BIRTH | YEAR LAST BIRTHD | DAY MONTHS | | R 24 HRS. 2c. | DATE | MONTH 2 | DAY YE | AR 24 HC | | |
| USA MARRIED NEVER MARRIED PINICE (72 Wg 5) | | | 0 | | | rs. | DATE HOOKS | | DEAD | (%) | 1975 | B | | |
| 13. CAUSE OF DEATH 13. NAME 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 137. INFORMANT 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. | 5 70. | FOREIGN COUNTRY | STATE OR | 1.10 | | | | HED L | Prince | YORCOUN | | | | |
| USUAL RESIDENCE IF IN NURSING HOME OR CHER INSTITUTION, OVER RESIDENCE BEFORE ADMISSION) 19a. STATE 19b. COUNTY 19c. COUNTY 19b. COUNTY 19b. COUNTY 19b. COUNTY 19b. COUNTY 19c. COUNTY 19b. COUNTY 19b. COUNTY 19b. COUNTY 19b. COUNTY 19c. COUNTY 19b. COUNTY 19b. COUNTY 19b. COUNTY 19b. COUNTY 19c. COUNTY 19c. COUNTY 19c. COUNTY 19c. COUNTY 19d. CO | 10. | CITY OR TOWN | OF DEATH | 11. NAME OF HO | SPITAL, NURSING HOM | | ** | 12a. USUAL | | (TYPE OF WORK | 126. KIND OF | BUSINESS | | |
| 136. COUNTY 136. COUNTY 136. COUNTY 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 791. 7 24th Avenue 14. FATHER'S NAME 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MODLE 16 | 1/ | | ville | 7917 24 | 4th Avenue | | | | | | | | | |
| 14. FATHER'S NAME PRIST TOH Stewart 15. MOTHER'S MAIDEN NAME PRIST TOH STEWART 16. WAS DECEASED EVER IN U.S. ARMED FORCES? PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Unknown Mrs. Alice Powell 1100 Pen Ave Balt Mother No. 100 Pen Ave Balt Mo | 13a | STATE | | | 13c. CITY OR TOWN | 13 | | | | | | TOM | | |
| YES NO 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY 216. INJURY OCCURRED 216. PLACE OF INJURY JAI HOME. 217. LOCATION 218. SERVER FACTORY EARD STO | 1 | | NF. | 110 | W. Hyatts | | | | 24th A | venue | | | | |
| 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couseper line for (a), (c), and (c). 18. CAUSE OF DEATH (Enter only one couseper line for (a), (c), and (c). 19. CAUSE OF DEATH (E | 4 | FIRST | | MIDDLE | | 1, | FIRST | EL TAME | MIDDLE | | | | | |
| Unknown Mrs. Alice Powell/1100 Pen Ave Balt Mo APPROXIMATE INITER APPROXIMATE INITER IMMEDIATE CAUSE OF DEATH (Enter only one couse propline for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: UMMEDIATE CAUSE OF CAUSE OF CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under- lying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Blindness 19a. Date OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21b. INJURY OCCURRED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 19b. INDURY OCCURRED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 19c. DATE OF OPERATION 21d. INJURY OCCURRED 21d. IN | 160 | WAS DECEAS | ED EVER IN U.S. AR | | | TY NO. 17 | INFORMANT | | ADDR | ESS | Dyson | | | |
| 18. CAUSE OF DEATH (Enter only one cause-pt) line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) IMMEDIATE | | NO. OR UNKN | (IF YES, GIVE | WAR OR DATES] | Unknown | , | Mrs. Alic | e Powe | 11/Niese | #61 | 2 Wo Rel+ | ьм | | |
| YES NO 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY 141 HOME. 211. LOCATION | NO | | | CONTRIBUTING TO GEATH | BUT NOT RELATED TO THE TERM | MINAL DISEASE OR | CONDITION GIVEN IN PA | RT 1 (d) | | | | | | |
| 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING AND CONTRIBUTION CONTRIBUTING AND CONTRIBUTING AND CONTRIBUTION CONT | 5 | 19a. DATE C | 10. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | 20 AUTOPSY? | | |
| UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY JAI HOME. 211. LOCATION STOREST FACTORY FARM ETC.) | 1 1 | al EVIEDA | IAL CALIFFANAS | au Tues | | | | | | | | NO | | |
| 21d. INJURY OCCURRED 21e. PLACE OF INJURY IAT HOME. 211. LOCATION WHILE NOT WHILE STREET STREET CITY OR TOWN COUNTY STREET STREET CITY OR TOWN COUNTY CITY OR TOWN COUNTY CITY OR TOWN COUNTY CITY OR TOWN CITY OR TOWN COUNTY CITY OR TOWN CI | | | G OR | HOUR A.A | A. MONTH DAY YEAR | .R 21c. HOW | ' INJURY OCCURRE | ED (ENTERNATI | URE OF INJURY IN ITEA | A 18 PART 1 OR P | PART 2] | | | |
| WHILE AT WORK ☐ NOT WHILE AT WORK ☐ STREET, FACTORY, FARM, ETC.) | EDICE | 21d. INJURY | | 21e PLACE | OF INJURY LATHOME. | | | | | | | | | |
| | 1 3 | AT WORK | AT WORK |] STREET, FAC | TORY, FARM, ETC.) | SIRE | EI . | C | ITY OR TOWN | CC | OUNTY | STAT | | |
| | | death resu | Ited fram: Natu | ral causes X, | Accident . Su | vicide L | Hamicide | Undeterm | ined manner | | | | | |
| | | ACTUAL | Thus | una P | Ladureus | / MD | , | AAEDIC A | LEVAMINED | DATE | 2/18 | 1982 | | |
| TITLE (SPECIFY) | 7- | - | | 1 | 1) 8 | | | MEDICA | IL EXAMINER | SIGN | EU ST EU | 1/02 | | |
| ACTUAL SIGNATURE SIGNATURE SIGNED 2/18/1982 | 4 | (TYPE OR PR | INT) Augus | sto P. Roo | driguez, M.I | D. AD | DRESS_5009 | Raybur | n Court | , Camp | Spring | s, M | | |
| TITLE (SPECIFY) | 230 | BURIAL, CREM | ATION, REMOVAL | 23b. DATE | 23c. NAME OF CE | METERY OR C | REMATORY | 23d. LOCA | TION | COL | UNIY | STATE | | |
| ACTUAL SIGNATURE DATE SIGNED P. RODING M.D. Deputy MEDICAL EXAMINER SIGNED 2/18/1982 EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Court, Camp Springs, M. 230 BURGERY OF CEMETERY OF CREMATORY 138 LOCATION COUNTY STATE 139ECEPY) COUNTY STATE | | | CIOR | 2/20/82 | Marylan | d Nat | ional |] DEC/D DV DE | aurel. | F.C.15.1.D.F. | Md | | | |
| ACTUAL SIGNATURE AUGUSTO P. Rodriguez, M.D. Deputy MEDICAL EXAMINER SIGNED 2/18/1982 EXAMINER'S NAME AUGUSTO P. Rodriguez, M.D. ADDRESS 5009 Rayburn Court, Camp Springs, M. 238 BURIAL, CREMATION, REMOVAL 238. DATE 238. NAME OF CEMETERY OR CREMATORY 238. LOCATION COUNTY STATE Burial 2/27/000 Maryland National Laurel Ma | - | NAME | | | | | | BZ | 1982 Z | EGISTRARS | STATURE | | | |
| ACTUAL SIGNATURE AUGUSTO P. Rodriguez, M.D. Deputy Medical Examiner DATE SIGNED 2/18/1982 EXAMINER'S NAME AUGUSTO P. Rodriguez, M.D. ADDRESS 5009 Rayburn Court, Camp Springs, M.D. STATE DISTRICT STATE STATE STATE MATERIAL DIRECTOR ADDRESS 5009 RAYBURN COUNTY STATE MATERIAL DIRECTOR ADDRESS 5009 R | | John T. | Rhines F | uneral ho | me 3030 12 | th st | NF | | 1001 | | 0 | | | |

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procedure to recent application of the procedure of the p The state of the later and the state of the The state of the s ne (Line has been (see) porte elegeneration of the line of the li Comment Asset ACCOUNTS FOR THE PROPERTY OF THE PARTY OF TH Design that the state of the st walless cover lime sivervile, heritage value

E442.2 SI-E4-50 -A STATE OF THE STA

STATE OF MARYLAND

| | - STATE REGISTRAR | DEFAR | CERTIFICATE OF DEATH | | |
|---|--|---|--|--|----------------------------|
| | 1. DECEASED NAME FIRST (TYPE OF PRINT) LOrena MURINA | McDANIEL | GRIM | February 25, 19 | 982 26 HOUR 6:30a |
|) | Female | Cauc. | Sept. 17, 1904 | | MONTHS DATE HOURS MIN. |
|) | 7a. BIRTHPLACE (STATE OR FOREIGN Mary land | U.S.A. | MARRIED ☐ NEVER MARRIED WIDOWED ☑ DIVORCED | Dudman Coomanic | |
| 3 | Lanham | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Doctors Hosp. | 128 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE Retired Cer | 126. KIND OF BUSINESS OF INDUSTRY 15 US Bureau | |
| | USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU Maryland P. (| ROTHER INSTITUTION, GIVE RESIDENCE BEFO | DRE ADMISSION) | FOOF OL. | /enue |
| | A Imer | McDanie | 15. MOTHER'S MAIDEI | MIDDLE | licks |
| | 16a WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GF | VE WAR ORDATES | | ADDRESS Cro Grim, 1722 Swir | ofton, Mc. nburne Ave., |
| | PART I DEATH WAS CAUSE | nly ane cause per line for (a), (b), a ED BY TE CAUSE (a) | LympHoMA | | BETWEEN ONSET AND DEATH |
| | Conditions, if ony, which gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUENCE (b) | | | |
| | underlying cause last. | (c) | JENCE OF | | |

CERTIFICATION

MEDICAL

80

19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING

LIFEITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED

saw the deceased alive on abave (1) (we) (did) (did no

226 SIGNATURE

NOT WHILE

216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH P.M

21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

CITY OR TOWN

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOT

and that in (aur) apinian death accurred an the date and haur and from the couses stated 22c DATE SIGNED

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5701 - 85th Ave. New Carrollton, Md. 20784

23d. LOCATION

20a AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

Roger B Ingham, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PR

Washington Natl.Cem

Home La.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Sultland, Maryland State

DHMH - 16 50M 1/81 (VRA 15, 4)

16000 Annapolis Rd., Bowie, Md.

22a.1 certify though (this hospital) ottended the deceased from

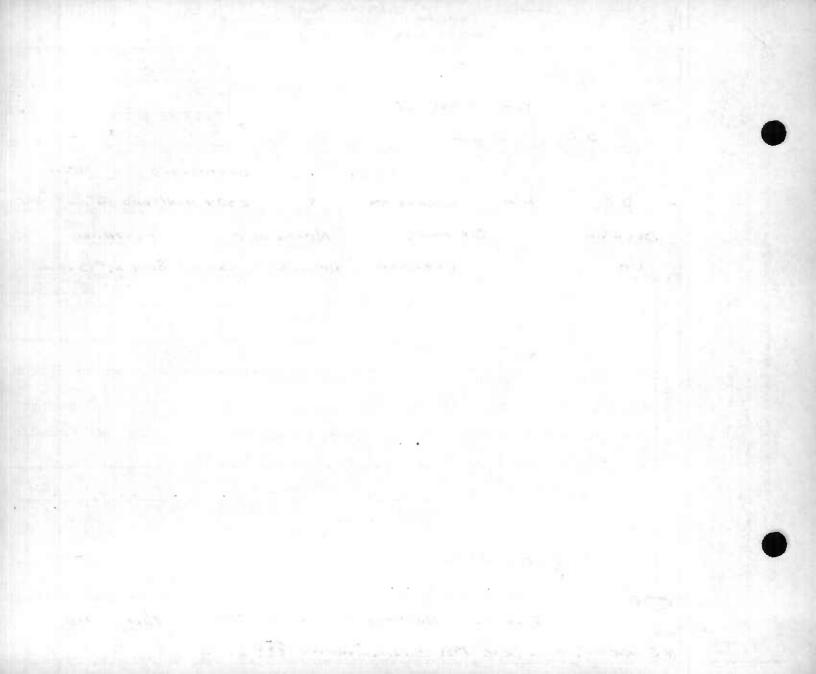
old be detoched to the State Dept.

MPORTANT.

Lorens Bushar Sect. 17. 194 elama? Marylone U.S.A. Marie Principal Santas Maryl mr P.G. Wew C rrollton Egns Shth Avenue Almer Hermiel Land Uralton, Mil ----- 873-05-3696Nichard N. Grim, 1722 Swissulfne Ave. Die - enter at my 1

Burial MI/1952 Wishington Metl.Cen Suitlan, Merylim Bell Fanir I Hone, 1600 Am oolisis, Bowie, Mr.

| | - | 500 | | | | | | ARYLAND | | | | | | , | 23 |
|--|---------------|---|-----------------------------------|---|---|---------------------------|----------|----------------|-------------|----------------|-----------------|-------------------|-------------|-------------|------------|
| | 1- | FOR STATE REGISTRAR | | | | MENT OF HE | | | | 2.30 | | U |) () | 6.3 | L'a |
| | | CEASED NAME | FIRST | | MIDDLE | | | (ST | | 2a. DAT | REG. | | 'H DAY | YEAR | Zb. HOU |
| | {TYF | E OR PRINT) | Shelia | | ٧. | | Gro | omes | | OF | | | 20 | 1982 | |
| | 3. SE | 4. RAC | E 5. C | DATE OF BIRTH | | 6. AGE (IN YEARS | | | UNDER 24 H | | | MONTH | | | 2d HOUR |
| | F | emale Bl | | EB. 28 | YEAR 1961 | 20 YRS. | MONTHS | DAYS H | HOURS MIN | PRONC | UNCED | 2 | 20 | 1982 | 10:2 |
| | 70. B | RTHPLACE (STATE OR | | CITIZEN OF W | | TDV2 | AAA DDIE | D NEVE | R MARRIED | 9. BALT | IMORE CITY | Y OR COU | | | IF. M |
| 1 | 1 | REIGN COUNTRY) | ۵. | U.S. | 4. | | IDOWE | | | | ince G | eorge | 's C | county | . MD |
| ^ | 10 C | TY OR TOWN OF DEA | TH 11. | NAME OF HOS | | RSING HOME, C | ROTHER | RINSTITUTIO | ON 120 | FOR MOST OF V | CUPATION (| TYPE OF WOR | K 126 K | IND OF BU | ISINESS |
| / | | uitland | | 3905 S | outher | rn Avenu | e, A | Apt. I | 03 | 4 | LOYED |) | 1 | LONE | |
| 7 | | AL RESIDENCE (IF IN NU TATE | 136 COUNTY | 1 | | DEFORE ADMISSION) OR TOWN | h | 3d INSIDE CITY | LIMITS? 13e | STREET ADD | DRESS | | | | <i>z</i> / |
| - | | D.C. | N | 14 | WAS | HINGTON | | | | | HARTI | FORD | ST. | S.E. | 401 |
| 1 | 14. F | ATHER'S NAME | MI | DDLE | | LAST | 1 | FIRST | S MAIDEN N | | WIDDLE | | | LAST | |
| 1 | 14- 1 | DELAVAN | INITIO ADVICE | | ROOM | - | | | PLEDHL | C | | FLEA | MIN | 16 | 111 |
| > | 100. V | | (IF YES, GIVE WAR O | PORCES? OR DATES) | | IAL SECURITY N | | 7. INFORMA | | | ADDRE | | ~ | | |
| | | No | | | | NOWA | 1 | JOPPLE | DHLE | GRECE | 4C5- S1 | HME A | | | |
| | | 18 CAUSE OF DEAT PART I DEATH W | H (Enter only on AS CAUSED BY: | | | | - 11 | TOTAL STATE | | | | | BET | APPROXIMATE | INTERVAL |
| | | 91.95 | IMMEDIATE CA | 403L (0) | | injury 1 | O HE | ead | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS A RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIV BED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PER 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PA ED SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PA OI PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | Conditions, if | any, which | DUE TO, OK | AS A CON | SEQUENCE OF | | | | | | | | | |
| | | gave rise to couse (a) stating | | (b) | AS A CON | SEQUENCE OF | | | | | | | | | |
| | | couse (a) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| | 1 | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | | | | | |
| | NO | | | | | | | | | | | | | | |
| | 3 | 190. DATE OF OPERA | TION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | 20 AUTOPSY? | | |
| | CERTIFICATION | The state of the state of | | | transfer to the second | | | | | | | | | YES XX | NO 🗆 |
| 2 | | UNDERLYING XX | | 216. TIME OF | FINJURY (| DAY YEAR | 21c. HOV | W INJURY O | CCURRED (E | NTER NATURE OF | FINJURY IN ITEM | 18 PART 1 OR | PART 2) | | |
|) | MEDICAL | CONTRIBUTING | CAUSE OF DEAT | H 5:00 P.M | . 2 | 20 19 82 | sub | o ject | was as | saulte | ed | | | | _= 11 |
| | MED | 21d. INJURY OCCUR! | RED | 21e PLACE (| OF INJURY TORY, FARM, ET | | 1f. LOCA | | | , CITA OB | TOWN | | COUNTY | | STATE |
| | - | WHILE NOT AT W | ORK X | apar | tment | | 3905 | Sout | hern A | lve., / | | | | | rince |
| | | 220. I certify that | | the remains des | scribed abo | ve, held on | Autopsy | XX. tr | nspection |], Inqui | iry . | Geor and in my | ge s | Co., | Md. |
| | | death resulted fram | | | Accident | Suicid | | Hamicide | | ndetermined | |], | | | |
| | | | | | | | | TITLE (SPEC | | | | | | | |
| _ | | ACTUAL SIGNATURE | ingenia | 120 | olan | | M.D | ۸ . | 1 1 | MEDICALEX | AMINER | DAT | NED 2 | 2-21-8 | 32 |
| 7 | - | EVAMINIEDIS NIAME | 0 | | | 14.5 | | | | | | | | | |
| 4 | | (TYPE OR PRINT) | Virgin | ia L. D | olan, | М. D. | A[| DDRESS | 111 | Penn | Stree | T | | | |
| | 23 B | URIAD, CREMATION, R | | | | IAME OF CEMET | a a | / | | d. LOCATION | 4 | 0 00 | DUNTY | ST | ATE |
| | | | 2-6 | 26-82 | H | ARHONY | al | | SKK | HIGHC. | AND + | ARK, | 1 | 10. | |
| | - | UNERAL DIRECTOR | | ADDRESS | 10. | | | | DATE REC'I | D. BY REGIST | RAR 25b. RE | GISTRAR'S | SIGNA | TURE | |
| | 14. | S. WASHING | PASN + | SOMS 4 | 1425 1 | BURROUGE | 15 AV | c. W.F | PED | 64 198 | 1 ho | Louis C | James | Postle | |



STATE OF MARYLAND

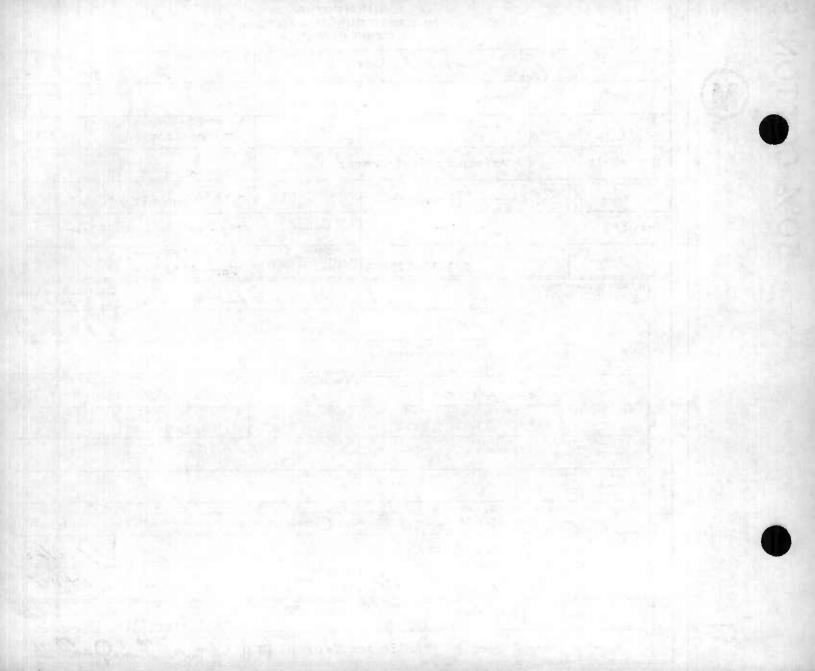
DEPARTMENT OF HEALTH AND MENTAL HYCITAL

| | 1. | - STATE REGISTRAR | | | DEI ARTI | CERTIF | ICATE OF DEAT | H | REG. N | 10 | 3 0 | 7 0 | | | |
|----------|---------------|--|---------------------------|---------------------|-----------------|------------|---------------------------------|-----------|---|----------------------------|---|--|--|--|--|
| | (TYP) | CEASED NAME E OR PRINT) | FIRST HI | elen | MIDDLE H. | N | Hall All | | 20. DATE OF DEATH | | 9 82 | 26 HOUR | | | |
| | 3 SE | Female | | Cauc. | | 5. DATE O | H DAY Y | EAR | 6 AGE (IN YEARS LAST B | (RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | | | |
| 3 | V | RTHPLACE (STATEORE COUNTRY) irginia | | USA | WHAT COUNTRY? | WIDOWE | | ED 🗍 | Prince G | OR COUNTY | OF DEATH | ME | | | |
| 4 | G: | reenbelt | | America | an Medica | POR CEN | or other institution | ON | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake | 12b. KIND C INDUSTRY | OF BUSINESS OR | | | | |
| P | Ma | | 13b COUP Pr. | George | Greenbe | ADMISSION) | 13d. INSIDE CITY LIA YES NO | | 7010 Gree | nbelt | Rd. | | | | |
| 00 | Et | ather's NAME mmett ^{est} | | MIDDLE | Hamm | | Mary | DEN NAM | Elizabeth | | Spice | r | | | |
| 1 | | vas deceased ever yes, no or unknown) No | | MED FORCES? | 231-16-4 | | Paul A. H | lamm | 311 Thir Farmvill | | , | | | | |
| | | 4361 | AS CAUSE IMMEDIA | TE CAUSE (o) | R AS A CONSEQUE | pri | ration | Pr | reuno | ma | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CRACY | | | | |
| | | Conditions, if ony, gove rise to imm couse (a), statinunderlying couse PART 2. QTHER SIGN | nediote ig the lost | (c) | R AS A CONSEQUE | | NOT RELATED TO TH | HE TERMIN | NAL DISEASE OR CON | IDITION GIVE | N (N PART) | o contraction of the contraction | | | |
| 2 | CERTIFICATION | 12 Cal | reta | 196 CONDI | TION FOR WHICH | AS | N WAS PERFORMED | pe | | 20b. IF YES, IN CERTIFY | VECUSEUR DONG IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO NO | | | | |
| 7 | MEDICAL CE | 210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB | CAUSE OF DEA | | | | 21c. HOW INJURY (| OCCÜRRE | D (ENTER NATURE OF INJU | | | | | | |
| The same | | WHILE AT WORK 120. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an above (I)) well did did not; view the body attended the DEGREE 120. SIGNATURE 121. To 122. That (I) (we) los saw the deceased alive an above (II) well did not; view the body attended the courses stated above (II) well did not; view the body attended the courses stated above (II) well did not; view the body attended the course stated above (II) well did not; view the body attended the course stated above (II) well did not; view the body attended the course stated above (II) well did not; view the body attended the course stated above (II) well did not; view the body attended the course stated above (II) well did not; view the body attended the course of t | | | | | | | | | | | | | |
| 1 | | 22d. PHYSICIAN'S NA | ME (TYPE O | PRINT OVA | niteo | w, | ATTENE PHYSIC 22e ADDRESS | EIAN & | MEDICAL STA DIRECTOR PHYSIC | GARLE | 2/, | 15/82 | | | |
| | 23a B | URIAL, CREMATION, F | | 23b. DATE 2/19/8 | 32 Z3c N | AME OF C | EMETERY OR CREMA | ATORY | 23d LOCATIONS. CITY OF TOWN | ecvi 11 | o Md | STATE | | | |
| | 24 FU | Murphy | Fune | ral Home | ADDREAR | lingt | on, Va. | 250. DATE | Charlott REC'D. BY REGISTRAN B 2 6 1982 | 25b. REGISTR | AR'S HAT | Mostle | | | |

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

MPORTANT: If Hem 21 is marked or Hem 18 shows ony



| - | FOR | | | D.F.D.4.D. | | E OF MARYL | | | 23 | | en 2018 | | ,a | . 4 |
|-----------------------|------------------------------|--|---------------------|----------------------|----------------------------------|---------------------|--------------------|---------------|---------------|----------------|--------------|-------------|-----------|------------------|
| 11 | FOR STATE | | | | | EALTH AND | | U | L'a | (| 0 5 | U | 4 | 4 |
| 1 | REGISTRAR DECEASED NA | AAF EIRST | | MEDICAL | EXAMINE | R'S CERTII | FICATEO | | п | REG. NO | | | | |
| | TYPE OR PRINT) | | | | | LASI | | | Or | NOWNXX | MONTH | DAY | YE AR | 76. HOUR |
| L | | | ellyn | Ρ. | | Hall | | | DEATH A | AATED _ | 2 | 23 19 | | M |
| 3. 5 | EX | 4. RACE | 5. DATE OF MONTH | BIRTH DAY YEAR | 6. AGE (IN YEAR LAST BIRTHDAY | | | | DATE | ED | HINOM | DAY | YEAR | 2d. HOUR 1:15 |
| | Male | Black | Dec. | 21,192 | 3 58 YRS | | 1100110 | | DEAD | | 2 | 23 19 | 82 | A. M |
| 70. | BIRTHPLACE FOREIGN COUNTR | (STATE OR | 76. CITIZEN | OF WHAT COU | NTRY? | MARRIED SE | NEVER MARRI | ED 7 | BALTIMO | RE CITY O | R COUNT | TY OF DEA | TH | - 01 |
| V | Vash. | D.C. | USA | 1 | | WIDOWED [| DIVORCE | ED 🗆 f | | | | s Cou | nty | MD. |
| 10 | CITY OR TOW | OF DEATH | 11 NAME C | OF HOSPITAL, NI | JRSING HOME, | OR OTHER INSTI | ITUTION | 120 USUAL | OCCUPA | TION (TYPE | E OF WORK | 126. KIND | OF BUS | INESS |
| | Cheverl | | Prin | ce Georg | ge's Gen | eral Hos | spital | unem | | | | 0.0.11 | DOSIK | |
| | UAL RESIDENC | E (IF IN NURSING LOA | ME OR OTHER INSTITU | TION, GIVE RESIDENCE | E BEFORE ADMISSION | ۷) | | 13e. STREET | ADDRES | s | | | | |
| | istri | | olumbi | a Was | hingto | n YES | □ NO □ | 4907 | AS | tree | t, s | S.E. | #1: | 1 |
| | FATHER'S NAM | | MIDDLE | | | | THER'S MAIDE | | MIDI | | | LAST | | |
| I | lewel | lyn | P. | Hal | 1, Sr. | 1 | Ethel | | MIDE | DIE | ل ا | Jones | | |
| 160 | WAS DECEAS | ED EVER IN U.S. | ARMED FORCES | | CIAL SECURITY | | ORMANT | | | ADDRESS | | Hgts | | Md. |
| | (YES, NO, OR UNK | (IF YES, G | IVE WAR OR DATES) | 578 | 18 88 | 06 Mrs. | . Edit | h Ha | | | | | | |
| | 18 CAUSE | OF DEATH (Enter | anly ane cause i | | | | | | -14 | #10 | | AL. | KIMATE II | NTERVAL |
| | PARTII | DEATH WAS CAU | SED BY: | Gunak | | d of Che | est | (har | ndaun | | | PELMEEN | ONSET | AND DEATH |
| 1 | 916 | IMMED | IATE CAUSE (a) | O, OR AS A CO | | | | Thui | ragan | | - | | | |
| | | ions, if any, whi | | | | | | | | | | | | |
| | | rise to immedia a) stating the unde | | O, OR AS A CO | NSEQUENCE O | : | | | - | | | - | | |
| | | ause last. | | ., | | | | | | | | | | |
| | PART 2 DINER | SIGNIFICANT CONDITIO | (c) | D DEATH BUT NOT DE | ATEN TO THE TERMIN | AL DICEACE DE CONOL | ITION CIVEN IN BAS | DT 1 (- | | | | | | |
| Z | | | | S SENIO BOT HOT REE | ATEN IN THE TERMIN | AL DISCASE OR CONDI | ILIUM DIVER IN PAR | KI 1 10 | | | | | | |
| MEDICAL CEPTIFICATION | 19a. DATE C | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | | 20 AUTOPSY? | | |
| DIS | | THE CONTROL OF THE CONTROL OF THE CONTROL | | | | | | | | | | | | |
| TOT | 210. EXTERI | VAL CAUSE WAS | 21b. T | IME OF INJURY | | 21c. HOW INJU | IRY OCCUPPE | D JENTER MATI | IDE OF INITIO | V IN ITEM 10 B | DART LOD DAT | | λX | NO [] |
| 2 | UNDERLYIN | IG XXOR | | IME OF INJURY | DAY YEAR | | | | AVE OF BATOK | A WHILE MISP | ART LORPA | m · 2] | | |
| JIC. | 714 INTITION | OCCURRED | | 3 P.M. 2 | 23 19 82 Y (AT HOME | SUDJECTION | ct was | snot | | | | | | |
| ME | | NOT WHILE | STR | EET, FACTORY, FARM, | ETC.) | STREET | | D 1 C | ITY OR TOWN | | COL | UNTY | | STATE |
| | AT WORK | AT WORK | /14/4 | parking | TOT | 1266 Be | enning | Kd.,Co | oral | Hills | | nce G | | ge's |
| | 22a I ce | rtify that I took cho | arge of the remo | ins described ab | ave, held an | Autopsy XX. | Inspection | n . | Inquiry [| , and | d in my op | Co., | Md. | |
| | death resu | ilted from. No | ntural causes |]. Accident | , Suic | | micide XX | Undeterm | ined man | | | | | |
| | 1 50 | 1.1 | , | 00. | | | E (SPECIFY) | | | | | | | |
| | ACTUAL SIGNATUR | Verg | ma 1 | Dolan | | | ssistan | T MEDICA | LEXAMIN | JFR . | DATE | 2-2 | 4-82 | 2 |
| | _ | 0 | | | | | | | | | SIGNE | | 1 | |
| | EXAMINER' | S NAME V | irginia | L. Dola | an, M.D. | ADDRESS | s | II Per | nn St | reet | | | | |
| 73e | BURIAL CREM | The second second | 136 DATE | 1. 1220 | MAME OF CEM | TERM OR CREMA | ATORY | 23d, LOCA | TION | | | | | |
| I | Surial | 1/1 | Mar. A | 1982- | Harmon | y Memo | fial H | Park- | Land | lover | , Ma | aryla | and | E |
| 24. | FUNERAL DIR | | 11/1 | Del | var | LIL | in DATE R | REC'D. BY RE | | | | ICANA TILE | | |
| 3 | stewar | t Funer | Hón Hón | e-4001 | Benni | ng Rd. | N.WA | AR 3 | 1982 | Tran | us > | can | att | UN |
| | | - C* | | | | | | | | | | | | |

get och vektor i Legislandet ble etabedare Spin famed to make force from following to amount the first trade STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| L | - STATE REGISTRAR | | CERTIF | ICATE OF D | EATH | REG | NO. | | |
|---------------|--|--|------------------|------------------------|-------------|--------------------------|---------------------------------------|---------------------------------|--------------------------------|
| | PE OR PRINT) KENNETH | W . | HAMMER | AST | | 20. DATE OF DEATH | 02-01- | | 26 HOUR 7:09 A |
| 3 S | Male | Cauc. | S. DATE O | | 1929 | 6 AGE (IN YEARS LAST | BIRTHDAY) IF | UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. |
| | BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Wisconsin | U.S.A. | MARRIE WIDOWE | | ORCED | 9 BALTIMORE CITY Prince | | | M |
| | Chever ly | | eorge Hos | pital | ITUTION | Ret.Let | | 12b. KIND C INDUSTRY OS C | Office |
| M | JAL RESIDENCE (IF NURSING HOME O STATE aryland 13b. COU P. | ROTHER INSTITUTION GIVE RESIDING TY 131. CITY Canc | OR TOWN | INSIDE CI | NO 🗌 | 4203 7 | th Ave | nue | |
| | Silvarius | H amn | | Li | MAIDEN NA | WIDDLE | Sche | sser | ST |
| | WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) PIFYES, GY | VE WAR OR DATEST | -20-2446 | Kathy | | ith, 124 14 | RESS Bow i | te L | a., Md |
| | Conditions, if ony, which gove rise to immediate couse Io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CO | onsequence of | NOT RELATED | TO THE TERM | INAL DISEASE OR CO | DINDITION GIVEN | IN PART 1 | 0 |
| CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FO | WHICH OPERATIO | N WAS PERFOR | RMED | 20a AUTOPSY? | 20b. 1F YES, V IN CERTIFY!! YES | | NGS USED S OF DEATH? |
| MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFFETTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | NTH DAY YEAR 19 | 211. LOCATIO STREET | | RED (ENTER NATURE OF III | UJURY IN ITEM TB PAR | (COUNTY | STATE |
| | 220.1 certify that (I) (the saw the deceased alive or above. (I) (we) (dich (did not 22b, SIGNATURE) | 10-28 | 19 @ 7, or | DEGREE | TTENDING | deoth occurred on the | TAFF | 22c. DATE | |
| | 224 PHYSICIAN'S NAME LIVE OF RICHARD LILL | | | 22e ADDRESS | 3 | imore Ave | | 44.7 | - A-4 |

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: IF IS

23c NAME OF CEMETERY OR CREMATORY

Brentwood, Maryland

236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATOR Burial 2/4/82 Ft. Lincoln Cem.
24 FUNERAL DIRECTOR Beall Funeral Home Of the Company 25c English Rd., Bowle, Md.

250 DATE REC'D.

| 02-01-82 2 7:09 A | HARMER | W.W | КЕММЕТН |
|--|--------------|---------------|----------------------------------|
| 1929 52 | March 21, | .5% 0 | M=1c |
| Prince George | | H.S.A. | Misconsin. |
| Ret.Letter C. Post Office | faciosolt am | Prince Geo | Chever ly |
| 4203 72th Avenue | ver Hillsx | G. Lanco | Mary land P. |
| lian Schesser Bowlie M.Smith, 12414 Keynote Lt., Mr. | | н пте 8-28 | 2 Nerius Ves |
| | | | |
| | | | |
| | | Since Co. | |
| F 5.1,1982 | 3 | 2 | |
| Baltimore Ave., Hyattsville, Mc. | 4005 | Y | RICHARD LILL |
| em. Brentwood, Maryland | 30.30 | Fureral Hor | Burial Beall 16000 innapol |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be fried with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| | | FOR |
|---|---|-----------|
| 1 | - | STATE |
| | | DECIGEOLO |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

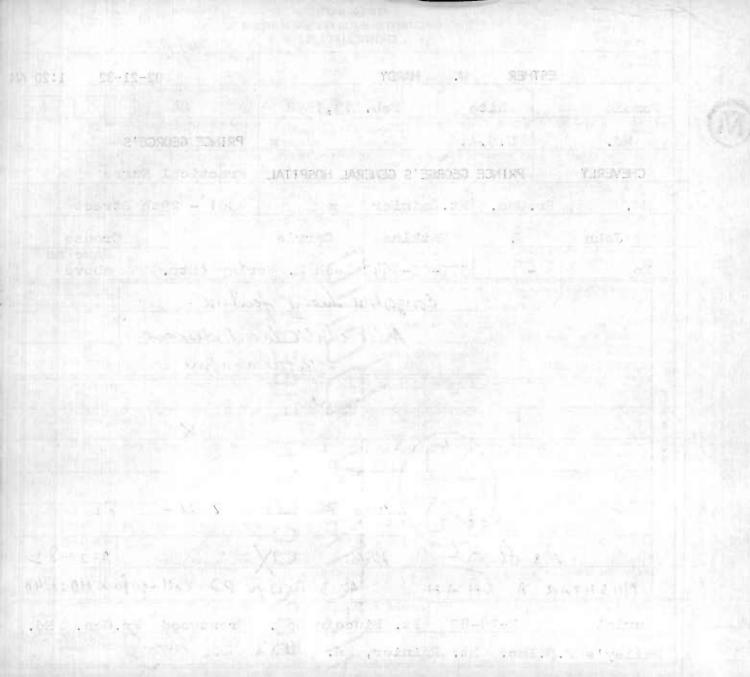
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| E. | |
| 60.49 | |

| 112 0 10 1 111 111 | | | | PENIII | REG | NO | | |
|--|--|---|---|--|---|---|--|--|
| | FIRST | MIDDLE | LAST | | | | DAY YEAR | 2b HOUR |
| OK PRINT) | ESTHER | W. HAR | DY | | | 02- | 21-82 | 1:20 AM |
| ESTHER W. HARDY 3. SEX Female Note: Note | IF UNDER 24 HRS | | | | | | | |
| emale | Whi | te | Feb. 13.1 | 898 | 8 | 4 vps | MONTHS DAYS | HOURS MIN. |
| THPLACE (STATE OR FO | DREIGN 76 CITIZEN | OF WHAT COUNTRY? | | | 9. BALTIMORE CITY | OR COUNT | TY OF DEATH | |
| | U.S | | | | PRINCE (| EORGE | 15 | MD |
| Y OR TOWN OF DEAT | | | | NOITUTION | | | | F BUSINESS OR |
| CHEVERLY | PRINC | E GEORGE'S | GENERAL HO | SPITAL | | | | |
| | | | | CITY LIMITS? | 130 STREET ADDRES | s | | LY E TO U |
| id. | | | | | 4301 - | 29th | Street | |
| | WIDDIE | LAST | 15. MOTHER | | | | LAS | 1 |
| | | | ıs Ca | rrie | | | Crous | se |
| | | | | | | | Same | as |
| Vo | - | 577-05-8 | 3643 Leah | E. We | orley (Dt | r.) | | |
| 8 CAUSE OF DEATH | (Enter only one couse | per line for (a), (b), and (| 0 | The Title | 1 11 | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | cong | GAM de | out of | entine. | | | |
| 4140 | DUF TO | | CE OF | < / | | | | |
| Conditions, if any, | | | Islio Sechn | Gir les | art dese | ase | S - 33 | |
| | 11 | OR AS A CONSEQUEN | | | | 2/18/51 | 16 | |
| underlying cause | lost. | , 0 (10 / 10 / 10 / 10 / 10 / 10 / 10 / | | Janua | asalme | , | | |
| PART 2. OTHER SIGN | FICANT CONDITIONS | CONTRIBUTING TO DE | ATH BUT NOT RELATE | D TO THE TERM | AINAL DISEASE OR CO | NDITION G | IVEN IN PART 11 | 31 |
| | | | Alma | 2 , | | | | |
| 90 DATE OF OPERATI | ON 196 COI | NDITION FOR WHICH OF | | | 20a AUTOPSY? | | | |
| | | | | | | | MILLIAG CHOSES | |
| | | | | | YES NO | | YES 🗌 | NO [|
| | | | 21c HOW II | NJURY OCCUR | | | | |
| OR CONTRIBUTING C | AUSE OF DEATH HOUR | A.M. MONTH DAY | YEAR | NJURY OCCUR | | | | |
| OR CONTRIBUTING C | AUSE OF DEATH HOUR AL EXAMINER) ZIE. PLAGE | A.M. MONTH DAY P.M. CE OF INJURY | 19 211 LOCAT | ION | RED (ENTER NATURE OF IN | JURY IN ITEM 18 | PART OR PART 2) | NO [] |
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| OR CONTRIBUTING COUNTY MEDICAL (IF EITHER NOTIFY MEDICAL (IF EITHER NO | AUSE OF DEATH AL EXAMINER) ZIE. PLA: (AT HOME this haspital) attended d alive an d) (did nat) view the bo | A.M. MONTH DAY P.M. CE OF INJURY STREET, FACTORY, OFFICE, FARA I the deceosed from Ody after death. H.A.H. | YEAR 19 211 LOCAT STREE J-/3-91 L, and that in (my DEGREE W3BS- 220 ADDRE 4713 | ATTENDING PHYSICIAN | RED (ENTER NATURE OF IN | town date and he | county 19 22, our and fram the 22c. DATE 2 - 2 | NO STATE that (1) (we) last causes stated SIGNED 1-82 |
| OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC. 21d INJURY OCCURRI WHILE NOTIFY MEDIC. WHILE NOTIFY MEDIC. WHILE NOTIFY MEDIC. AT WORK AT WORK 270. 1 certify that (1) (saw the decease obove. (1) (we) (di 270. SIGNATURE | AUSE OF DEATH AL EXAMINER) 21e. PLA: (AT HOME this hospital) attended d alive an d) (did nat) view the bo ME (TYPE OR PRINT) AAA A- EMOVAL 23b. DATE | A.M. MONTH DAY P.M. CE OF INJURY . STREET, FACTORY, OFFICE, FARA I the deceased from ody ofter death. 123c NA | YEAR 19 211 LOCATI STREE 1-/3-FA , and that in (my DEGREE WSBS- | ATTENDING PHYSICIAN SS | CITY OR to 2 - 9 death accurred an the DIRECTOR PHYS | dote and ha | county 19 22, our and fram the 22c. DATE 2 - 2 | STATE that (1) (we) last causes stated SIGNED 1-82 D 28740 |
| | EMALE ITHPLACE (STATE OR FO OWNTRY) Md. Y OR TOWN OF DEAT CHEVERLY I RESIDENCE (IF NURSIT IATE JOHN AS DECEASED EVER IT IS NO OR UNKNOWN) NO Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN | ESTHER 4 RACE Whi ITHPLACE (STATE OR FOREIGN Md. U.S Y OR TOWN OF DEATH CHEVERLY PRINC L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION LATE JOHN AS DECEASED EVER IN U.S. ARMED FORCES S NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS | ESTHER W. HAR 4 RACE White ITHPLACE (STATE OR FOREIGN DUNIRY) Md. V.S.A. Y OR TOWN OF DEATH CHEVERLY I RESIDENCE: (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AB LATE I Sh COUNTY I CHEVERLY I RESIDENCE: (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AB LATE I Sh COUNTY I SUCCESSED EVER IN U.S. ARMED FORCES? I RESIDENCE OR OR UNKNOWN) AS DECEASED EVER IN U.S. ARMED FORCES? I SO OR UNKNOWN) AS DECEASED EVER IN U.S. ARMED FORCES? I SO OR UNKNOWN) O | ESTHER W. HARDY 4 RACE White White ITHPLACE (STATE OR FOREIGN MO. U.S.A. YOR TOWN OF DEATH CHEVERLY ITHER'S NAME FIRST John AS DECEASED EVER IN U.S. ARMED FORCES? IS NOOR UNKNOWN) AS DECEASED EVER IN U.S. ARMED FORCES? IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUEN | ESTHER W. HARDY RACE | ESTHER W. HARDY A RACE White Feb. 13,1898 B. AGE (INYEARS LAST PEB. 13,1898) B. AGE (INYEARS LAST PEB. 13,1898 B. AGE (INYEARS LAST PEB. 13,1898) B. AGE (INYEARS LAST | ESTHER W. HARDY 1 ARCE White White | ESTHER W. HARDY 4 RACE |

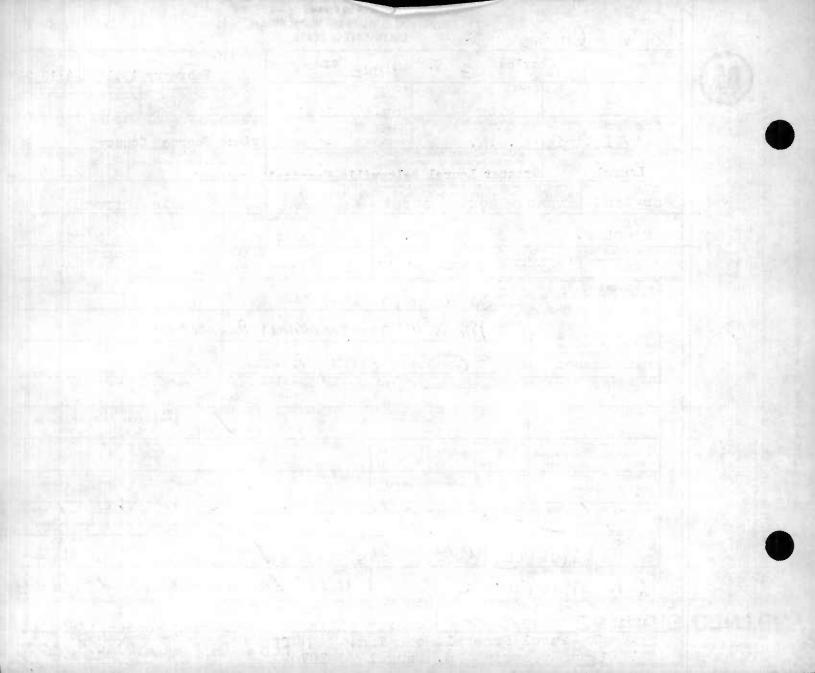
DHMH - 16 50M 1/B1 (VRA 15, 4)

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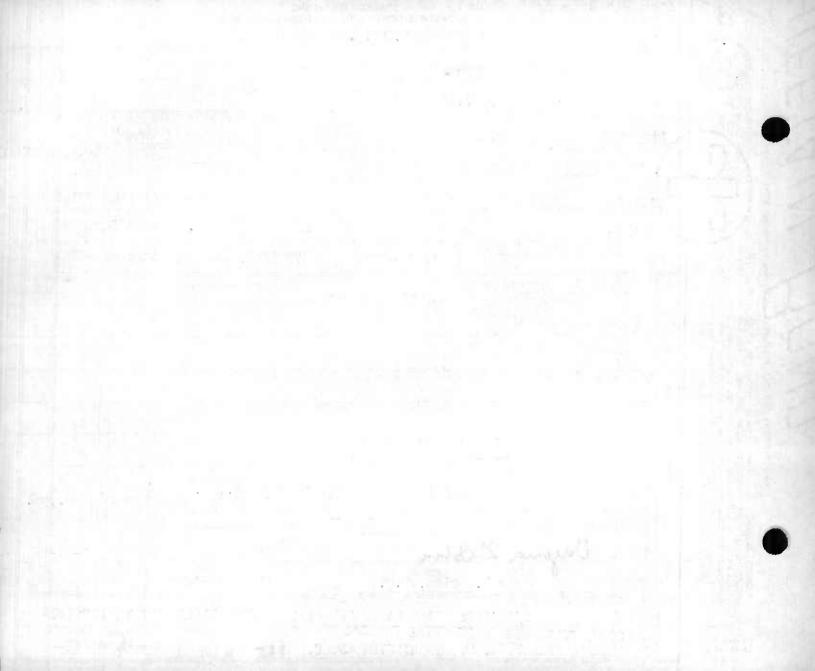
retained by the haspital or attending physician



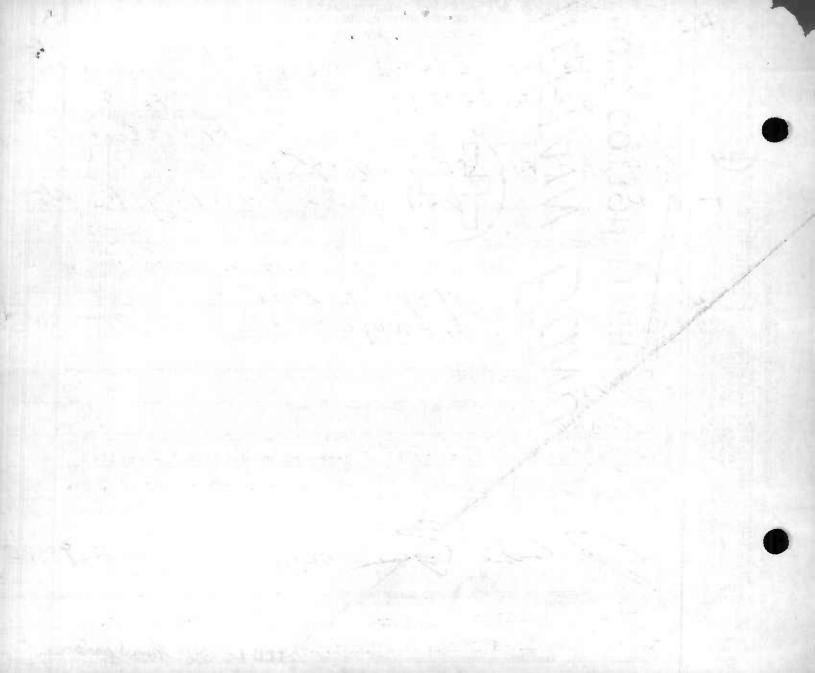
| mysone | 15 | 1 | FOR STATE REGISTRAR Charl | 05 | DEPARTA | | ALTH AND MENTAL HYG CATE OF DEATH | | 0 | 5041 |
|---|--|---------------|---|--|---------------------------------------|------------|--------------------------------------|--------------------------------|----------------------------|--|
| , A | 15 | | CEASED NAME FIRST Ch. | | G G. | HA | Hare | | MONTH DAY | YEAR 25 HOUR |
| 4 may b | | 3 SE | × Charle: | N RACE | G | 5 DATE O | F BIRTH DAY YEAR | 6 AGE (IN YEARS LAST BIR | | 1982 4:10 P |
| age | u o | L | Male | White | | Nov. | 7 1931 | 50 | YRS. | |
| th. F | 1 Cd at | | IRTHPLACE ISTATE OR FOREIGN (OUNTRY) | CITIZEN OF | WHAT COUNTRY? | MARRIED | NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY OF | DEATH |
| dee | of the second | | est Virginia | U.S.F | | WIDOWE | DIVORCED | Prince Geor | ge Cou | nty M |
| after the f | 201 | 10 0 | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OTHER INSTITUTION | 178 USUAL OCCUPAT | ON | 126. KIND OF BUSINESS OF |
| by the | E/14 | | Laurel | | | | ille Hospital | | | Constructi |
| nin 24 ho filled in uld be fil | 1 | 13a | AL RESIDENCE (IF NURSING HOME OR C STATE 1136 COUNT | OTHER INSTITUTION, TY | GIVE RESIDENCE BEFORE | ADMISSION) | | 13a. STREET ADDRESS 6009 Ma | | |
| with tely shou | a a | 14 F | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NA | ME | 1 | |
| ted in ple | | | Ernest F. " | IDDLE | Hare Sr | | Frances | MIDDLE | | W Nindle |
| com com | med | I fo | WAS DECEASED EVER IN U.S. ARM | AED FORCES? | IN SOCIAL SECU | | | 6009 Mat 191 | & Torr | |
| te be ex | the | (| YES, NO OR UNKNOWN) YESS KOY | ean | 233-48- | | Viola Hare | | | |
| w requires that the deat en signed by the attend hen please remove card | r to burial, cremation, on injury, or other trau | NO | Canditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CO | DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO | | ity a | NOT RELATED TO THE TERM | cin | | IN PART I(a) |
| 4: The lav | s shows a | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | ITION FOR WHICH | OPERATION | WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WIN CERTIFYIN | ERE FINDINGS USED G CAUSES OF DEATH? NO |
| YSICIAP ohysician scertifica | r Item 18 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A. | M. MONTH DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18, PART I | OR PART 2) |
| ING PH tending p | th and Mer marked or | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21a PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 21f LOCATION STREET | CITY OF TO | VN | COUNTY STATE |
| ATTENDITAL OF ATTENDE | of Healt | | 220.8 certify that (A (this haspite sow the deceased alive on abave, (A (we) (did) (did) | 0 10 | | | that in (m/) (our) opinion o | death occurred an the d | 194 ote and hour an | that fil (we) los d from the couses stated |
| ITAL OH AT IN the hospital RAL DIRECT detached for u | State Dept. | | 276. SIGNATURE OF | run | ml | 1 | 0-0 | MEDICAL STA | | 2 1982 |
| TO HOSPITAL retained by the TO FUNERAL should be detact | the S | | B. G. Mar | rejwa | cla | | | aurel fa | M Dr | · Laurel m |
| | · > = | 23a | BURIAL, CREMATION, REMOVAL | 23M DATE | | | METERY OR CREMATORY | 23d LOCATION CITY OF TOWN | COL | INTY STATE |
| BP | - | | Buria1 | 2/24/ | | berly | Hills Mem | | r Mono | ngalin W.V |
| DHMH- | | 74 F | UNERAPPREER Laur | | | | | E RECID. BY REGISTRAR | 750 REGISTRAF | 011 |
| | i, 4) 1/79 | | 7601 Sandy | Sprin | g Rd. L | aure | Md 20707 | י אסבו איו ם | Thomas | salles Un |



| 4 | 55 | 1- | em 21b FOR STATE REGISTRAR | G565 3/ | | DEP | ARTMENT C | FHEALTH | AARYLAND I AND MENTAL I CERTIFICATE O | V | Gue | () | 3 | 0 | a; | 8 |
|-----------------------------------|--|-----------------------|--|---|--|--------------------|---------------------------------------|-----------------------------------|--|------------------|-----------------------------|----------|--------------|----------------|---------------------------|--------------------------|
| 3 | (M) | 1. DE | CEASED NAME E OR PRINT) | Rober | - | MORR: | DLE | | Harmon | | | REG. NO. | монтн | 21 | YEAR 19 82 | 26 HOUR |
| | OUP FUE OUP FUE OUP FUE ON STREE | | ale | RACE White | MAY 4, | IRTH DAY 191 | 6. AGE (III 6 LAST BIR 65 | YEARS IF UP HDAY) MONT YRS. | | MIN P | RONOUNG DEAD | | монтн 2 | | YEAR 1982 | 2d. HOUR 9:00 a. M |
| • | LOW WHEN | FO N | RTHPLACE (STATE REIGH COUNTRY) EW YORK TY OR TOWN OF | | | S. A | • | WIDOV | IED X NEVER MARR VED DIVORC | ED | Prince | e Geor | ge! | s Cou | unty, | MD. |
| | 2, AND TO THE PUNER. 3. RETAIN PAGE 5 FOR 2 SHOULD BE FILED. WITH SECONDS, 201 W. PRECONDS, | F† | . Washin | gton / | 2600 | Brir | GIVE STREET ADDRES | ad | IER INSTITUTION | LIB | ST OF WORKI | NG LIFE) | OF WORK | LAB | | SEARC |
| D. 21201 | 2. AND 3. 2. AND 3. 2. SHOUDE ALL RECORD | 130 S | ARYLAND THER'S NAME | CALV | TY | 13c. | LUSBY | | 13d. INSIDE (ITY LIMITS? YES X NO 1 | | ET ADDRES | | | | | |
| ORE, M | The second secon | A | BRAHAM | EVED IN 11 S ADA | MIDDLE | | HARMON SOCIAL SECU | DITY NO | ETTA 17 INFORMANT | EITHAME | MID | ADDRESS | VASC | ERTA | TNAB | LE) |
| BALTIMORE, MD. | JRS AFTER B. GIVE PV WITH FOI T. PAGES DIVISION | Ň | O OR UNKNOW | (IF YES, GIVE | WAR OR DATES) | | 218-30- | | SOPHIA | F. H | IARMON | | ne a | | 3 PROXIMATE | |
| S. 201 W. PRESTON ST. | 0-054. | | PARTIDEA Canditians, gave rise cause (a) st lying cause | if any, which to immediate oting the <u>under-</u> last. | (b)_ DUE TO (b)_ DUE TO (c)_ | O, OR AS A | Multiple CONSEQUENCE | E OF | | | | | | BETW | veen onset | AND DEATH |
| TALRECORD | HOULD BE EXE RD "PENDING HIEF MEDICA HIEF MEDICA HOSED AS A BI OF HEALTH A RIAL, CREMA | IFICATION | 19a. DATE OF O | | | | | | E DR (ONOITIDN GIVEN IN PA | ART 1 (c). | | | | | UTOPSY? | NO.[] |
| DIVISION OF VITAL RECORDS, 201 W. | CERTIFICATE SI ITING THE WO DED TO THE C 3 SHOULD BE DEPARTMENT I PRICR TO BU | MEDICAL CERTIFICATION | 21d. INJURY OC | XXOR CAUSE OF C | ZIE PL | ACE OF IN | 21 198 JURY (AT HOME ARM, ETC.) | 32 su | OW INJURY OCCURRED bject jump | ed ou | t of | window | 1 | ART 2) | | STATE |
| • | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HE EXECUTE THE CERTIFICATE. WRITING THE WORD."PENDING". IN PENCIL IN TEXPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS BURRAL.—TRANSIT PER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL | | AT WORK | AT WORK that I took charg | x | bu i | lding | Suicide X | STREET OO Brinkle Day XX Inspection INTER (SPECIFY) ASSISTAN | Undeter | Ft. Inquiry [| ond | DATE SIGN | e's ipinian | ince Co., N | |
| | TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMO | 23a.B | EXAMINER'S N. (TYPE OR PRINT URIAL, CREMATIC |) | 3b. DATE | | an, M.I | EMETERY C | ADDRESS | 122.100 | n Str | | | INTY | | |
| | BP DHMH - 17 (VR A15 ME (5)) | 24 F | BURTAL DOMALOCIA 232 CARF | R. STEIN | 2/24/1 HEBREN | U MEM | ORIAL F | INEKAL | EMORIAL GAI | RPEN REC'D. BY I | FALL: REGISTRAR 100') | S CHUR | TRABLE | VIR | GINTA URE | |
| | 15M 2/80 | | LUL CAR | OLL SIK | LLI , 1V. | w., | WILLIAM | ,,,, | | N. I | JUUL | | - 10 | _ | | |



| 12 | Iter | | | | | HEATE S | 0 5 | AF O |
|--|---------------|---|----------------------------------|--|--|---|--------------------|--|
| 70 | - ST | | | DEPARTMENT OF HEALTH DICAL EXAMINER'S.(| | DEATH | , NO. | 3 -4 |
| | 1. DECE | ASED NAME FIRST R PRINT) | | MIDDLE / L Way / | 1./2VVis | 2ª DATE KNÓWN OF ESTI- DEATH MATED | MONTH DA | YEAR HOUR |
| PI, PLEASE DIRECTOR. DUR FILES. 72 HOURS | 3. SEX | 1 BIK | S. DATE OF BIRTH | AGE (IN YEARS IF UN LAST BIRTHDAY) MONT | DER TYR. IF UNDER 24 H | | MONTH DA | YEAR 2d HOUR |
| 70 | FOREN | HPLACE ISTATE OR SN COUNTRY] C. | 76. CITIZEN OF WH | AT COUNTRY? 8. MARR WIDOW | IED NEVER MARRIED | BALTIMORE CIT | C COUNTY OF | F DEATH F C P MD |
| 100 | Co | ortown of DEATH | FIELD & | PITAL, NURSING HOME, OR OTH | LA De + | OUSUAL OCCUPATION FOR MOST OF WORKING LIFE) Retired | (TYPE OF WORK 12b. | OR INDUSTRY None |
| AND 3 RETAIN SHOULD RECORD | 150.512 | DC. | OR OTHER INSTITUTION, GIV ITY | 12. CITY OR TOWN | 13d INSIDE CITY LIMITS? 13e | F32RIG | 2 RJ | NE. |
| 1063 | | ier's name Robert | MIDDLE L. | Harris: | 15. MOTHER'S MAIDEN N FIRST Susann | MIDDLE | Russell | LAST |
| GIVE PAG TITH FORA PAGES 1. | (YES, | S DECEASED EVER IN U.S. AR NO, OR UNKNOWN) (IF YES, GIVE NO | MED FORCES? WAR OR DATES] | 166. SOCIAL SECURITY NO. 579-07-0616 | Mrs. Dona | ADDR V. Harris/ | | e as 13e |
| TITING THE WORD "FENDING" IN PRINCIL IN TEAM BE. GIVE PAGES IN THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGES A SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OKULD PRIOR TO BURIAL, CREMATION, OR REMOVAL. | 7 | CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE MAMEDIA Conditions, if any, which gove rise to immediate couse (a) stating the <u>underlying couse lost</u> . | TE CAUSE (o) DUE TO, OR . | Hypoth | Levniz | | 81 | APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH |
| ED AS A BUR HEALTH AND L, CREMATIC | | ART 2 OTHER SIGNIFICANT CONDITIONS | | OUT NOT RELATED TO THE TERMINAL DISEAS | | a l | 120 | AUTOPSY? |
| MENT OF TO BURIA | 101. | IO. EXTERNAL CAUSE WAS NOTERLYING OF | 216. TIME OF HOUR A.M. | MONTH DAY YEAR | OW INJURY OCCURRED (E | | | YES NO |
| R. PAGE 3 SHOU STATE DEPART D. 21201 PRIOR | VEDICAL STATE | ONTRIBUTING CAUSE OF Id. INJURY OCCURRED WHILE NOT WHILE IT WORK AT WORK | Zie PLACE C | | eceased wan cation litege Park, | Prince Ge | | |
| PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 | A | 27a. I certify that I took charged death resulted from: Notu | | Accident Suicide | TITLE (SPECIFY) | Inquiry | ond in my opinion | 1982 |
| PAGE TO PAGE | {SPEC | AEOR PRINT) JAL, CREMATION, REMOVAL BUTIAL | 23b DATE 2-13-82 | 23c NAME OF CEMETERY C | ADDRESS | Manson | COUNTY N.C. | STATE |
| DHMH-17 R A15 ME (5) | | offin T. Rhines | Co., 3015 | 12th St., N.E. | | D. BY REGISTRAR 256 R | | ATURE |



| | 1. | FOR STATE REGISTRAR | | DEPAR | TMENT OF H | OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH | IENE 3 2 | 0 | 5 0 | 5 |
|---|---------------|--|---|--|--------------|---|--|-------------------|---|------------------------------|
| (M) | | CEASED NAME FIRST FOR PRINT) X | 4. RACE | E. | S. DATE O | | 20. DATE OF DEATH FET 6 AGE (IN YEARS LAST BIR | | 1982 | HOUR 7 5 5 FUNDER 24 H |
| | | Female | Cauca | | | ch 16 1889 | 92 | YRS. | | HOURS M |
| fureral di flureral di chur 72 ho di at cocce. | | RTHPLACE (STATE OR FOREIGN COUNTRY) Wash., DC | U.S | | WIDOWE | NEVER MARRIED DIMENSION | Pr. Ge | 90. | OF DEATH | DI ICINIECC |
| by the filled with | | Hyattsville | Car | roll Me | EET ADDRESS) | K OTTLER INSTITUTION | Home Mal | DE WORKING LIFE | INDUSTRY | • OSINESS |
| ly filled in b should be fi | 13a. | | ROTHER INSTITUTION | GIVE RESIDENCE BEF 134. CITY OR TO Hyatt | OWN I | | | Salle | Rd. | |
| amplete ond 2 | | ATHER'S NAME FIRST GOORGE WAS DECEASED EVER IN U.S. A | MIDDLE F. | Neit | | 15 MOTHER'S MAIDEN NAME FIRST Mar | MIDDLE | | Tenna | |
| be execution ond c | | | IVE WAR OR DATES) | 217-36 | | Jane Fahe | | 112 | Ol Ran | |
| is that the death certificated by the attending physical lease remove carbon paper inal, cremation, or removal, or other froumatic event, the | | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost | ED BY: ITE CAUSE (o) DUE TO, C (b) DUE TO, C (c) | Cerellor ASA CONSEGUE | reles | tronlosis triosclero | ser nal | | APPROXIMA BETWEEN ON 4 day Ven | ks. L |
| The law requires icion. te hos been signe sist permit. Then p grene prior ta bur shows ony injury, o | CERTIFICATION | PART 2. OTHER SIGNIFICANT AND | lenter | LEAT STITLE OF THE STITLE OF T | Dis | NOT RELATED TO THE TERM WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDING | |
| HYSICIAN: ading phys his certifico burial-tror Mental Hy ar Item 18 | MEDICAL CERT | 210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL AT WORK | ATH HOUR A | OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFFICE | 19 | 21c. HOW INJURY OCCURE 21f. LOCATION STREET | Car Car | RY IN ITEM 18 PAI | Land | STAT |
| utal OR attenDin by the hospital or is RAL DIRECTOR: After detached for use of store Dept. of Health NT: If them 21 is mon | | | n Follows | he deceased from y other death. | 82, on | d that in (my) (con) opinion of the control of the | deoth occurred on the d | FF | ond from the co | |
| TO HOSPITAL retained by 11 TO FUNERAL should be det with the Store | | BURIAL, CREMATION, REMOVA SPECIFY Burial | | The second second second | | METERY OR CREMATORY vet Cem. | 23d. LOCATION CITY OF TOWN | . D.C. | COUNTY | STATI |
| | 24.5 | INCOME DIDECTOR | 1 -,), | | | 1 10 000 | | | A ROOM OF LANDING MANAGEMENT | - |

DHMH-16 30M 2/80 (VRA 15, 4)

the language of the state of the desired of the state of The following - take work later-or - in the first of the THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

Navv Yard 2616 Memory Lane Hart and Bowle Martha H. Legg, 12616Memory La., Md. E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 14300 GALLANT TOX LA BOWIE MO 20715. Brentwood. Mary land 24 FUNERAL DIRECTOR Beal Funeral Home Do DHMH - 16 50M 1/81 (VRA 15, 4) 16000 Annapolis Road, Bowie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

17b. KIND OF BUSINESS OR

FOR

- STATE

REGISTRAR

1. DECEASED NAME

7 Rec. Foremen Knyw Yard 12616 Hemony Line 2.6. Mary lane Jones Haynes Eliza doe Hirtlann Henry 7109 279-56-8011-Mertha H. ol og. 12616Memory Lat. No

gell 2/11/1962 Ft. Lincoln Cen. Brentwoon, hard makell Fineral Homey.
16 90 wan oolis to c. Towie, inc.

| DEC (TYPE C (TYPE C (T | THPLACE (STATE OR FOREIGN 76 UNTRY) 9-55-9C-HUS-E-H-S C Y OR TOWN OF DEATH 11. ANHAM RESIDENCE (IF NUISING HOME OR OTH | MIDDLE CACE LUHITE CITIZEN OF WHAT COUNTRY? LAGORITHM SUCHFACILITY, GIVE STREET A ARGNOLLAGE A | RDEN NURSING | REG. NO. 20. DATE OF DEATH FEBLU 6. AGE (IN YEARS LAST BRETH 90 9. BALTIMORE CITY OF PLIN C E 12e USUAL OCCUPATIK (INTE OF WORK FOR MOST OF | MONTH DAY YEAR 75. HOUR AR 1 1982 10 MONTH'S DAYS HOURS 7 YRS. 178 KIND OF BUSINESS |
|--|--|--|--|--|--|
| DEC (TYPE C (TYPE C (T | REGISTRAR EASED NAME FIRST INTRINITY THPLACE (STATE OR FOREIGN 76 UNITARY) Y OR TOWN OF DEATH I RESIDENCE (IF NURSING HOME OR OTHATE) 1341COUNTY | RACE LITIZEN OF WHAT COUNTRY? LITIZEN OF HOSPITAL, NURSINI (IF NOT IN SUCH FACILITY, GIVE STREET A LIFE INSTITUTION, GIVE RESIDENCE MEFORE | S DATE OF BIRTH MONTH DAY MARRIED NEVER MARRIED WIDOWED DIVORCED SHOME OR OTHER INSTITUTION DDRESS) ADMISSION) | 28. DATE OF DEATH EBRU 6. AGE (IN YEARS LAST BRITE 9 9. BALTIMORE CITY OF PLINCE 12a USUAL OCCUPATIK (TYPE OF WORK FOR MOST OF | HONTH DAY YEAR 76. HOUR AND THE PROPERTY OF DEATH CHECOLOGY OF DEATH CHECOLOGY OF DEATH CHECOLOGY OF BUSINESS INDUSTRY |
| SEX BIR COU CIT USUA 134 ST | THPLACE (STATE OR FOREIGN 76 THOUNTRY) OF SCHOOL OF DEATH AND AM L RESIDENCE (IF NURSING HOME OR OTHATE) 13) LATE 14 LATE 14 LATE 15 LATE 15 LATE 16 LATE 17 LATE 17 LATE 17 LATE 18 LATE LATE 18 LATE L | RACE LITIZEN OF WHAT COUNTRY? LITIZEN OF HOSPITAL, NURSINI (IF NOT IN SUCH FACILITY, GIVE STREET A LIFE INSTITUTION, GIVE RESIDENCE MEFORE | S DATE OF BIRTH MONTH DAY VEAR MARRIED NEVER MARRIED WIDOWED DIVORCED S HOME OR OTHER INSTITUTION DODRESS) R DE N NURSING | 28. DATE OF DEATH EBRU 6. AGE (IN YEARS LAST BRITE 9 9. BALTIMORE CITY OF PLINCE 12a USUAL OCCUPATIK (TYPE OF WORK FOR MOST OF | HONTH DAY YEAR 76. HOUR AND THE PROPERTY OF DEATH CHECOLOGY OF DEATH CHECOLOGY OF DEATH CHECOLOGY OF BUSINESS INDUSTRY |
| SEX BIR COU CIT USUA 134 ST | THPLACE (STATE OR FOREIGN 76 THOUSE (STATE OR FOREIGN 76 YOR TOWN OF DEATH 11. AND AM L RESIDENCE (IF NURSING HOME OR OTHATE) 13) COUNTY | CITIZEN OF WHAT COUNTRY? L. S. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GREST REET A HER INSTITUTION, GIVE RESIDENCE REFORE | MARRIED NEVER MARRIED MORCED DIORESS) ADMISSION) | FEBRU 6. AGE (IN YEARS LAST BRITH 90 9. BALTIMORE CITY OF PLINCE 12a USUAL OCCUPATIK (TYPE OF WORK FOR MOST OF | HAR 1 4 1982 10 HOAY FUNDER 1 YEAR FUNDER 24 WONTH'S DAYS HOURS / YRS. RCOUNTY OF DEATH CE O C 5 5 DN 178 KIND OF BUSINESS WORKING LIFE] INDUSTRY |
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| 0 | 21d INJURY OCCURRED | 21a PLACE OF INJURY | 211 LOCATION | | |
| MED | WHILE NOT WHILE AT WORK | 214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | | CITY OR TOW | N COUNTY STAT |
| | CERTIFICATION | TYES, NO OF UNKNOWN) IS CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO. Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT COM 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARD DUE TO, OR AS A CONSEQUENT DUE TO, OR AS A CONSEQUENT DUE TO, OR AS A CONSEQUENT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENT DUE TO, OR AS A CONSEQUENT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONDITIONS CONTRIBUTIONS CON | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CAR OF A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CAR. DIAC ARREST Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONE 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1710, ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 2116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEA |

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| A | 13a. ST. | | 136. COUNTY | | 13c. CITY OR TO | | 13d. INSIDE CI | TY LIMITS? | 136 STREET | | 11 Eds | = AVE | |
| | 14. FATI | HER'S NAME | 10 | _ | ACAL - MECON | > 41 101 | 1,000 | MAIDEN NAM | | Bircen | CCAT | 71116 | - |
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| | | S DECEASED EVER I | NUS. ARME | | 166 SOCIAL SE | CURITY NO. | 17 INFORMAL | NT | | ADDRE | SS | V-100 | |
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| | | 8 CAUSE OF DEATH PART I. DEATH WA 5 8 0 Conditions, if ony, gove rise to imm couse (a), stoting underlying couse | AS CAUSED E IMMEDIATE (which ediote | DUE TO, O | PR AS A CONSEQ | UENCE OF | 077 | EUL | URE | | | BETWEEN | MATÉ INTERVAL ONSET AND DEATH |
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| 7 | CERTIFICATION | O. DATE OF OPERATI | ION | 196. COND | ITION FOR WHIC | CH OPERATIO | N WAS PERFOR | RMED | YES [| NO P | IN CERTIF | , WERE FINDIN YING CAUSES S | |
| 2 | | 10. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | AUSE OF DEATH | | OF INJURY .M. MONTH M. | DAY YEAR | 21¢ HOW INJ | IURY OCCURR | ED (ENTERN | ATURE OF INJUR | TIN ITEM IB P | ART 1 OR PART 2} | TO A PLAN |
| | ME | HE INJURY OCCURRE | E [| 21e. PLACE (AT HOME, STO | OF INJURY REET FACTORY, OFFICE | E FARM, ETC } | 211 LOCATIO STREET | N | | CITY OR TOW | VN . | COUNTY | STATE |
| | 2 | 2a. I certify that (1) (sow the deceased above, (1) (we) (di | d olive on | 3/ | 19 | 23/ | ad that in (my) (| our) opinion o | to, to | ed on the do | e and hour | ond from the | that (1) (we) lost couses stated |
| | 2 | 26. SIGNATURE | 1. | | | = | DEGREE | | , | | | 22c. DATE | SIGNED |

22d. PHYSICIAN'S NAME TYPE OF PRINT!

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

236 BURIAL CREMATION, REMOVAL 236. DATE

231. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIC

23d. LOCATION

COLMY

24 FUNERAL DIRECTOR

H. S. WASHINGTON L SONS 4921 BARLOWERS HOL

2-25-82

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CERTIFICATE OF DEATH REGISTRAR REG. NO BERTHA HOECK DECEASED NAME DOROTHY 26 HOUR TYPE OR PRINTI BERTHA DOROTHY HOECK FEB. 198 20 3 SEX 4 RACE S DATE OF BIRTH A AGE LIN YEARS LAST RIPTHDAYS DAYS MMXXXFemale White June 17.1883 98 TO BIRTHPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Illinois USA PRINCE GEORGES WIDOWEDIX DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Homemaker Harbour Circle INDUSTRY Tantallion MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 12312 Harbour Circle Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE GEBRGE PETERS WILHELMINA BAUER ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Son (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dr. Leroy E. Hoeck, same as No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO OR AS A CONSEQUENCE OF otho underlying couse plec ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per XXX 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED 100 ATTENDING MEDICAL should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT Indian Head Hwy, Oxon Hill, Md SANFORD YOUNG 0 Remsen City, Iowa 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BP Burial Remson City Compaterec'D BY REGISTRABLY REGISTRARY IGN FUNERAL HOME, CLINTON, MARYLAND

FOR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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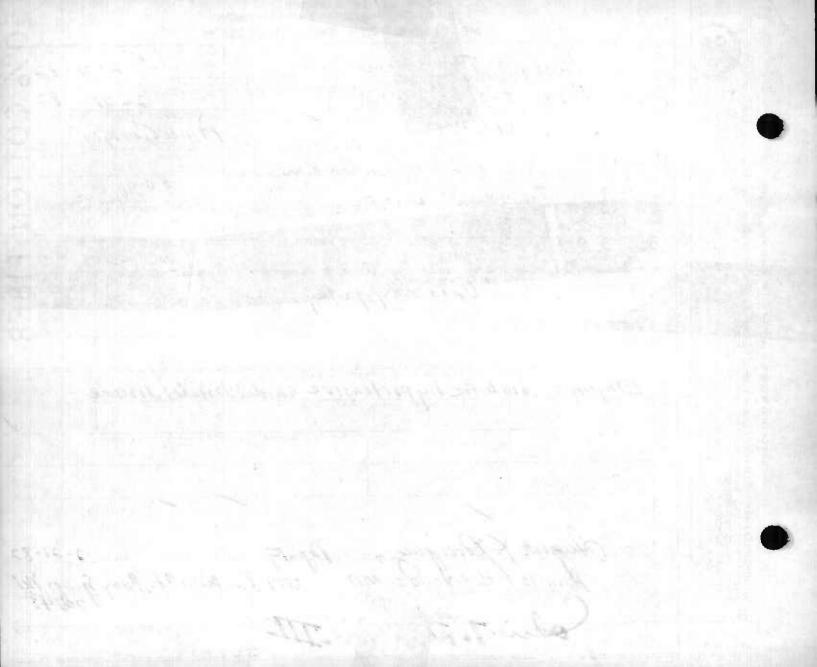
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| | 1. | FOR STATE | | DEPA | | EALTH AND MENTAL | HYGIENE 🔾 | 6 | U | 2 0 | 2 2 |
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| | 3. SE. | X | 4. RACE | | 5 DATE C | OF BIRTH | 6. AGE | (IN YEARS LAST BIRTH | | FUNDER I YEAR | IF UNDER 24 HRS |
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| - 61 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNT | RY? 8 | D NEVER MARRIED | 9 BALTI | MORE CITY OR | COUNTY | OF DEATH | |
| 1.1 | | ERMANY | 24S. | A. | WIDOWE | | | NCE GEO | REFS | Count | U MD. |
| Α. | | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NUI | RSING HOME | OR OTHER INSTITUTION | 12a USU | AL OCCUPATIO | N | 126. KIND @ | BUSINESS OR |
| (0) | 64 | esewbeit | GREEN | OREIT (| DNVAKES | ut CENTER | 135 | llman/ | WORKING LIFE) | HO | 13/ |
| · fin | USU/ | AL RESIDENCE (IF NURSING HO) | ME OR OTHER INSTITUTION | | EFORE ADMISSION) | | co lu cros | ET ADDRESS | | | |
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| | | VAS DECEASED EVER IN U.S | S. GIVE WAR OR DATES | 166. SOCIAL S | ECURITY NO. | 17 INFORMANT | , | ADDRES: | S . | SAME | _ |
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| | | 18 CAUSE OF DEATH (Ente | er only one couse pe | r line for (a), (b) | ond (c) | | | | | APPROXI | MATE INTERVAL |
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| | | Conditions, if ony, which | | R AS A CONSE | Swit | ideanc | Mex | net 1 | MARI | ME | 10hrs |
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| | | underlying couse lost | | K AS A CONSE | OUENCE OF | | | | | | |
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| | O | C | 2000 M | V 1 | NAME | one ! | | nor on congr | 11071 01121 | THE PART THE | |
| - | AT | 190 DATE OF OPERATION | 196. COND | ITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 20a Al | UTOPSY? | 206. IF YES, | WERE FINDIN | IGS USED |
| 7 | IFK | | Section | | | | YES T | 7 NOM | IN CERTIFY YES | ING CAUSES | OF DEATH? |
| 0 | CERTIFICATION | 21a. ACCIDENT WAS UNDERLYING | | | | 21c HOW INJURY OC | | - Named | | I I OR PART 2) | 110 |
| 7 | | OR CONTRIBUTING CAUSE O | OLAIN | .M. MONTH | | | | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAM | 21e. PLACE | OF INJURY | 19 | 21f LOCATION | | | | | |
| | ME | WHILE NOT WHILE AT WORK | (AT HOME, ST | REET, FACTORY OFF | ICE, FARM, ETC) | STREET | | CITY OR TOWN | 4 | COUNTY | STATE |
| | | | | | 2-7 | KY | | 0-2/10 | 7 | | |
| | | 220.1 certify that (1) (this h sow the deceased alive | e on | 1 | 0 00 | d that in (my) (our) opin | nion death accu | ured on the date | , 19 | | that (I) (we) last |
| | | obove, (1) (we) (did) (di 22b. SIGNATURE | d not) view the body | after deoth. | | DEGREE | THOT GEOTI OCCU | irred on the dore | e ond nour (| | |
| | | THE STORE | SATE | | | ATTENDIN | NG MEDIC | AL STAFF | | 22c DATES | SIGNED |
| - | | 22d. PHYSICIAN'S NAME (T | ABE OF BOART. | | | PHYSICIA 22e ADDRESS | N DIRECTO | OR PHYSICIA | N | 13 | |
| | | ZZG. PHISICIANS NAME (I | THE OR PRINT! | | | 4 . | A. trans. | Con loss | - 10 | A | |
| 1 | | H-C. | COKA | | | | | -POVEL | 4 4 | 1), 4 | MIN |
| | - (| SPECIFY) | | | | EMETERY OR CREMATO | DRY 23d. LC | CATION CITY OR TOWN | | COUNTY | STATE |
| | - (| CREMATION | MAR | 482 | rt, K | incolu | | eentwo | 00 | PGM | - mo |
| | 24 FU | JNERAL DIRECTOR | 1 . 1 | ADDRE | 55 | Lanhama | ANE REC'D. B | PEGASTRAR 25 | REGISTR | AR SOCIONATI | JRE |
| | 100 | 115 L. GEART. | LANDAMITA | 1, 9013 | ANNAPOL | 5R) MU | טוווש | INOT . | - | 6/ | |

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| W2-RWA 1 | | OR PRINT) | | | 20. DATE KNOWN OF ESTI- | MONTH DAY YEAR 76. HOUR |
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| SE NO SE | | 220 I certify that I took charge at the r | emoins described above, held on | Autapsy, Inspect | ion . Inquiry . | and in my opinion |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) ESTI-(NMN) Raymond Hubbard DEATH MATED 8 19 82 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 7:22P Jan. 1. 1954 Male Black 27 DEAD VPS 1982 76. CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia U.S.A. WIDOWED DIVORCED Prince George's County AND 3 TO THE FUI RETAIN PAGE 5 I HOULD BE FILED, V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK P. GUINESS P. GUINESS 20 Police Officer Cheverly Prince George's General SHOULD BE Hospital Police Dept USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RE THE FORE ADMISSION) Maryland 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince Geo. Heights 3813 Barnabus Road # 203 NO [HIEF MEDICAL EXAMINER AICHE NE AICHE DESTITATION OF HEALTH AND MEMORY AICHE AICHE WITH FORM PM 3. USED AS A BURIAL - TRANSIT FERMIT. PAGES 1 AND 2 SIOF HEALTH AND MENTAL HYGIENE, DIVISION OF THALL I CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Allen MIDDLE MIDDLE LAST Hubbard, Sr. Lillian Howell 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO 106 Bayes YES, NO OR UNKNOWN 257 88 7312 Warner Robins, Georgia Lillian Haynes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL YES V E 3 SHOULD BE NO . BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOURX MONTH DAY YEAR UNDERLYING X OR MEDICAL 0 PRIOR 6: 1 P.M 819 82 CONTRIBUTING CAUSE OF DEATH Subject shot 21e PLACE OF INJURY 211 LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC 1 STATE COUNTY store Hillcrest verson Mall MD. P.G. TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI, BALLIMORE, MARYLAND, 2 22a I certify th taak charge of the remains described above, held Inspection and in my apinian death resulted fram: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical ExaminER 2/9/82 SIGNATURE EXAMINER'S NAME Smith. M.D. Thomas D. Penn St. (TYPE OR PRINT Balto. . _ADDRESS 23g.BURIAL, CREMATION, REMOVAL 23b. DATE Burial 2/13/82 Howell Cemetery Peach Georgia Powersville BP Francis Gasch's Sons Funeral Home, P.A. 25h APTISTRAFF ANTICALL **DHMH-17** Hyattsville, Maryland (VR A15 ME (5)) 15M2/80

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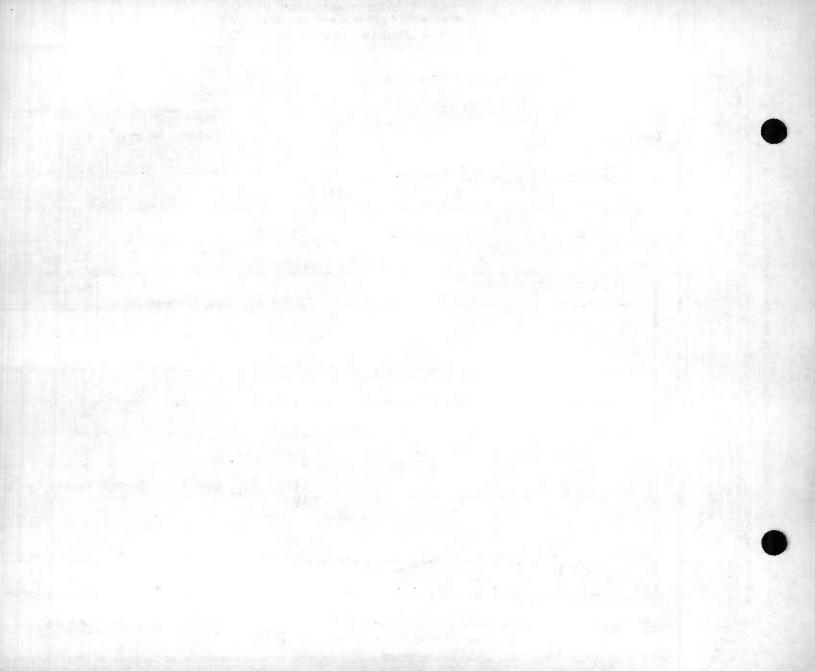
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| E, MD. | 14. F | ATHER'S NAME | - | MIDDLE | LAST | | 15. MOTHER'S MA | AIDEN NAME | WIDDLE | | LAST | |
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| REALTIMORE, MD. REALTER DEATH, IF a GIVE PAGES 1, 2, WITH PORM PM, 3, FAND 2, S, FAND 2, | | No | (4 160, 0116 | | 577 07 | 5277 | Louise | C. M: | iles | Tak | 7 Elsor | Md |
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| DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PR SOED TO THE CHIEF ARBICAL EXA RE 3 SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND ME | z | PART 2 OTNER SIGNIFICAN | T CONDITIONS CO | INTRIBUTING TO GEATN | BUT NOT RELATED TO THE | TERMINAL OISEAS | E OR CONDITION GIVEN I | IN PART 1 to: | | F. 51 | | |
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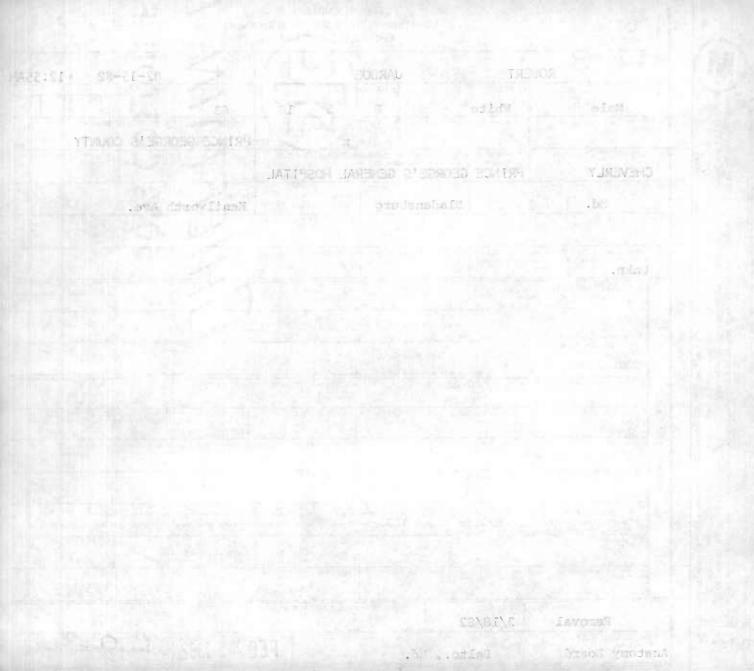
STATE OF MARYLAND

| | STATE REGISTRAR | | | OF HEALTH AND RTIFICATE OF | | REG. NO | 0. | | |
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| 16a. V | VAS DECEASED EVER IN U | J.S. ARMED FORCES? | 166 SOCIAL SECURITY | NO. 17 INBORM | ANT | ADDRE | SS | | |
| () | | YES, GIVE WAR OR DATES) | | | | | | | |
| | | | er line for (a), (b), and (c) | IV | | | | APPROVI | MATE INTERV |
| | cause (a), stating | | OR AS A CONSEQUENCE | OF | | | | | |
| FICATION | underlying cause la | cost. (c)_ | OR AS A CONSEQUENCE | H BUT NOT RELATE | | 100 AUTOPSY? | 206. IF YES. | WERE FINDING CAUSES | IGS USED |
| ERTIFICATION | PART 2 OTHER SIGNIFIC | OST. (c) EANT CONDITIONS G 19b. CONI | ONTRIBUTING TO DEATH | HBUT NOT RELATED | DRMED | 20a AUTOPSY? | 20b. IF YES, IN CERTIFY YES | WERE FINDIN | IGS USED |
| DICAL CERTIFICATION | PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 71a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) | DOST. (C) EANT CONDITIONS (C) 19b. CONI | ONTRIBUTING TO DEATH DITION FOR WHICH OPER OF INJURY A.M. MONTH DAY Y | E BUT NOT RELATED ATION WAS PERFO YEAR 19 | DRMED NJURY OCCURI | 20a AUTOPSY? | 20b. IF YES, IN CERTIFY YES | WERE FINDIN | GS USED OF DEATH |
| MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE | DOST. (C) CANT CONDITIONS (C) 19b. CONI | ONTRIBUTING TO DEATH DITION FOR WHICH OPER OF INJURY A.M. MONTH DAY Y | ATION WAS PERFO | ORMED NJURY OCCURI | 20a AUTOPSY? | 20b. IF YES, IN CERTIFY YES | WERE FINDIN | NGS USED OF DEATH NO |
| | Underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHIE NOT WHITE AT WORK 270.1 certify that (1) (this | ING 19b. CONI | ONTRIBUTING TO DEATH DITION FOR WHICH OPER OF INJURY A.M. MONTH DAY Y P.M. FOF INJURY TREET FACTORY, OFFICE, FARM, ET the deceosed from | ATION WAS PERFO | ON T 19 | 70a AUTOPSY? YES NO RED (ENTER NATURE OF INJUR | 20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PA | WERE FINDING CAUSES THE TORPART 2) COUNTY | NGS USED OF DEATH NO STA |
| | UNDERLYING COUSE IN PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSS (IF EITHER NOTIFY MEDICAL EI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that {1} (this | Dost. (c) CANT CONDITIONS (CONDITIONS (C | ONTRIBUTING TO DEATH DITION FOR WHICH OPER OF INJURY A.M. MONTH DAY Y P.M. FOF INJURY TREET FACTORY, OFFICE, FARM, ET the deceosed from | ATION WAS PERFO | ON 1 (our) opinion | 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the do | 20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PA | WERE FINDING CAUSES RETORPART 2) COUNTY 9 and from the county | NGS USED OF DEATH NO STA |
| MEDICAL MEDICAL | Underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHIE NOT WHITE AT WORK AT WORK 11 WORK (I) (this 124 SIGNATURE | Dost. (c) CANT CONDITIONS 19b. CONI ING | OF INJURY A.M. MONTH DAY Y OF INJURY TREET FACTORY, OFFICE, FARM ET | ATION WAS PERFO | ON 1 19 SO 1 (our) opinion | 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the do | 20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PA | WERE FINDING CAUSES COUNTY 9 270. DATE | NGS USED OF DEATH NO STA |

DHMH-1650M1/81 (VRA 15, 4)

Anatomy Board

Balto., Md.



JATTYCCH LAMMASA 2' HOSOST HOSPTTAL tell an Edward Serence Elelos I'm - in- (20) ayy ta it. ween ins what other this. His A Benefit document of the control of trelast juneral lone, Inc., la lines, i.d. lev lone lasent laster director, page 3 have after death

| | | FOR STATE REGISTRAR | | DEPARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH | GIENE & 2. | () ii | 6 3 | | |
|-------------------------------------|---------------|--|--|--|--|--|---|--|--|--|
| | | CEASED NAME FIRST | WIDDLE | | LAST | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | | |
| | - | MARGAR | ET ELIZABEI | TH JOH | NSON | | 2 24 82 | 1:30 PM | | |
| | 1 | × | 4. RACE | 5. DATE | OF BIRTH TH DAY YEAR | 6 AGE (IN YEARS LAST BIRT | THDAY) IF UNDER I YEAR | | | |
| | - | FEMALE | WHITE | 12 | 27 16 | 65 | YRS | | | |
| se! | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT CO | DUNTRY? 8 MARRI WIDOW | ED NEVER MARRIED DIVORCED | PRINCE | GEORGE | C 445 | | |
| 1 | | CLINTON | (IF NOT IN SUCH FACILITY, O | , NURSING HOME GIVE STREET ADDRESS) | OR OTHER INSTITUTION | 128 USUAL OCCUPATE | ON 12b. KIND | OF BUSINESS OR | | |
| 100 | | IAL RESIDENCE (IF NURSING HOME OF | SOUTHERN M. | NCE BEFORE ADMISSION | | R.N. | 14051 | FOTAL | | |
| BA | 13e-1 | MD. 13h COU | NTY 13c CITY | ORTOWN PLE HILLS | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | TT DRIVE. | | | |
| Somice | 1 | ATHER'S NAME FIRST WESLEY "TE | MPLS SC | NITH | 15 MOTHER'S MAIDEN NA | | | STIAN | | |
| Si , | 16c \ | WAS DECEASED EVER IN U.S. AR | | IAL SECURITY NO. | 17 INFORMANT | ADDRE | | 777770 | | |
| е шед | | VO (IF YES, GI | 577 | -32-1841 | DONN A. JOHN | ISON 618 E. 3 | | | | |
| y injury, or other troumotic event, | TION | Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT | ONSEQUENCE OF | | | DITION GIVEN IN PART | | | |
| 9 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR | R WHICH OPERATION | ON WAS PERFORMED | YES NOT | 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES | DINGS USED ES OF DEATH? NO | | |
| 9 P P P | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MON | | 21c HOW INJURY OCCUR | | | | | |
| - Lo | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | 21e. PLACE OF INJUR | | 211. LOCATION | | | | | |
| ked | 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTOR | Y, OFFICE, FARM, ETC) | STREET | CITY OR TOV | WN COUNTY | STATE | | |
| If them 21 is mor | | 220.1 certify that (1) (this hospi sow the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE | Feb 24 | 19 8 2 | no that in (my) (our) opinion DEGREE ATTENDING | deoth occurred on the do | 22c. DAT | ne couses stoted | | |
| MPORTANT | | 22d PHYSICIAN'S NAME (TYPES | Medade H.T.T. | Adeau | PHYSICIAN DE 220 ADDRESS | DIRECTOR PHYSIC | | C. 2002D | | |
| ≥ | | BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION | 23b. DATE | 231. NAME OF | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN SUITLANK | SAMO | STATE | | |
| В1 | 24. FI | UNERAL DIRECTOR NAME CREMATION | SVC. 3520 | ADDRESS | 25a. DA1 | | 76. REGIS (R | a la | | |

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and computers should be detached for use as the busial-transit permit. Then please remove corban papers. Pages Latid 2.15 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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certificate has buriol-transit per Mental Hygiene s shows

FUNERAL DIRECTOR:

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MEDICAL

| FOR STATE REGISTRAR | | DEPARTMENT OF | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO. | 050 | 6 4 |
|---|--------------------|---|---|--|-------------------------|----------------------------------|
| DECEASED NAME FIRST | MIDDLE | | IAST | 20. DATE OF DEATH MO | ONTH DAY YEAR | 2b HOUR |
| ROBE | RT E. | /JC | OHNSON | | 02-23-82 | 9:45PM |
| SEX | 4 RACE | S. PATE | | 6. AGE (IN YEARS LAST BIRTHD | AY) IF UNDER 1 YEAR | IF UNDER 24 HRS |
| Male | Black | Ma: | rch 18, 1942 | 38 | YRS MONIHS DAYS | HOURS MIN |
| BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHA | T COUNTRY? | D NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEATH | |
| Washington, D.C. | U.S.A. | WIDOW | | PRINCE | GEORGE'S | MD. |
| O. CITY OR TOWN OF DEATH CHEVERLY | PRINCE GEO | LITY, GIVE STREET ADDRESS) ORGE 'S GENER | PROTHER INSTITUTION | 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Truck Drive | ORKING LIFE) INDUSTRY | F BUSINESS OR |
| JSUAL RESIDENCE (IF NURSING HOME 30. STATE 136 COI | | ESIDENCE BEFORE ADMISSION) | 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| D.C | IA/C | shington | YES AND | | a Ave. S.E. | |
| 4. FATHER'S NAME FIRST | WIODIE | LAST | 15. MOTHER'S MAIDEN NA/ | WE | IAS | |
| Sam. | _S. | Johnson | Beatrice | | Penderg | ast |
| MAS DECEASED EVER IN U.S. A [YES NO OR UNKNOWN] (IF YES, C | RMED FORCES? 166 S | SOCIAL SECURITY NO. | 17. INFORMANT | 7200 Jo | | |
| No | 57 | 8-92-4904 | Isom Johnson | Seat Pl | plin St. easant. Mar | uland |
| 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED) 4310 | ATE CAUSE (a) | ASSIUE | IMPRACE | | APPROXI | MATE INTERVAL DNSET AND DEATH |

Sam160 WAS DECEASED IYES NO OR UNKNO Ma 18 CAUSE OF PART I. DE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION eul 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

21b. TIME OF INJURY

that (1) (we) last . and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated

CITY OF TOWN

tow the ninceased alive on_ DE STONATORE

210. ACCIDENT WAS UNDERLYING

230. BURIAL, CREMATION, REMOVAL

ID. CITY OR TOWN O

3. SEX Male To BIRTHPLACE IST COUNTRY

> DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN

> > CITY OR TOWN

NO

22d. PHYSICIAN'S NAME ITYPE OF PRINTS

220 I certify that (I) (this hospital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY

22 ADDRESS

23d. LOCATION

INCERTIFYING CAUSES OF DEATH?

COUNTY

NO [

STATE

YES [

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached

MPORTANT:

ISPECIEVI Burial Washington National 24 FUNERAL DIRECTOR Rollins Funeral Home, Inc. 4339 Hunt Place, N.F. Washington, D.C.

23b. DATE

2/27/82

STREET

PHYSICIAN

COUNTY

STATE

and Prince Georges

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FOR

must be notified of once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. N | NO. | |
|---|---|--------------------------------|--|----------------------------------|--|
| 1. DECEASED NAME FIRS | WIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR | 2b. HOUR |
| EL | SIE M. | JONES | | 02-20-82 | 1:58AM |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST B | IRTHOAY) IF UNDER LYE. | |
| Female | Black | May 1, 1929 | 52 | YRS | TS HOURS MIN. |
| TO. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTE | | | OR COUNTY OF DEATH | |
| Maryland | USA | WIDOWED DIVORCED | DOTALCE | GEORGE'S | MD |
| 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI | SING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPA | | OF BUSINESS OR |
| CHEVERLY | PRINCE GEORGE | 'S GENERAL HOSPITAL | Housew | | KY |
| | ME OR OTHER INSTITUTION GIVE RESIDENCE BE | | 13e STREET ADDRESS | | |
| | apitol Heights | | 11 Bayou | | |
| 14 FATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN | IAME | | |
| Clinton | Wallace | LaVarna | Taylor | | LAST |
| 160 WAS DECEASED EVER IN U.S | | | | Captiol H | ats. Md |
| (YES, NO OR UNKNOWN) {IF YE | 5, GIVE WAR OR DATES) 579 6 | 4 705 Tesse Jone | s-husband- | -11 Bayou | Avenue |
| 18 CAUSE OF DEATH (Ent | er only one couse per line for (a), (b), | | | APPR | OXIMATE INTERVAL EN ONSET AND DEATH |
| PART I. DEATH WAS CA | DIATE CAUSE (0) Ventrice | ylar teustole | | | C. C |
| 4100 | DIVITE CITOUR (C) | OUENICE OF | be . | | |
| Conditions, if any, which | DUE TO, OR AS A CONSE | Myocanical Interes | fac | 11.0 | |
| gave rise to immediat | e | | | | |
| underlying couse los | TOUL TO, ON AS A CONSEN | 16 | | Alberta Maria | |
| PART 2 OTHER SIGNIFICA | NT CONDITIONS CONTRIBUTING | A Company | PANINAL DISEASE OF CON | NDITION GIVEN IN PART | lia |
| | <u> </u> | DOT HOLKE ALED TO THE TEL | WIII THE DISEASE ON CO. | ADDITION OF ENGINE PART | 110 |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN | 19b. CONDITION FOR WHI | ICH OPERATION WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINE | DINGS USED |
| DH1 | | | YES TO NOT | IN CERTIFYING CAUS | ES OF DEATH? |
| 21a. ACCIDENT WAS UNDERLYIN | G 216. TIME OF INJURY | 21c HOW INJURY OCCU | | URY IN ITEM 1B. PART 1 OR PART 2 | |
| 00 50. (2010) (2010) | | DAY YEAR | 4-14 | | |
| (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED | MINER] P.M. 21e. PLACE OF INJURY | 21f. LOCATION | | | |
| | LAT HOME STREET EACTORY OFFE | | CITY OR TO | OWN COUNTY | STATE |
| AT WORK AT WORK | ospital) attended the deceased fro | 7-17 | 7 - | 20 (2) | |
| sow the deceased of | | ond that in (my) (pur) opinic | n death accurred on the | | z, that (I) (we) last |
| obove, (1) (we) (did (d | tot) view the body ofter death. | DEGREE | The second secon | | |
| 110. SIGNATORE | hal Pan | M · A ATTENDING | MEDICAL STA | | TE SIGNED |
| 22d. PHYSICIAN'S NAME (| 1,000 | PHYSICIAN | DIRECTOR PHYS | ICIAN D | 10/82 |
| | DAC) | 220 ADDRESS | 1 EMC Che | 1 | a Comme |
| DEEPA | | | | verly ind 201 | 1.7 |
| 230. BURIAL, CREMATION REMO | VAL ZIL DATE Z | NAME OF CEMETERY OR CREMATOR | 23d. LOCATION | SCOURTY - | octopials7= |
| Burial | Feb. 24, 19 | 82-Arlington Nat | | etery-Arlir | |
| 24 FUNERAL DIRECTOR | IN 1. Della | 20171111 | ATE REC'D. BY REGISTRAL | R 256. REGISTRAR'S SIGN | ATURE 7 |
| Stewart Finer | al Home-4001 I | Benning Rd N F | | 1 20 | serillar co- |

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any

PRINCE GEORGE'S CHEVERLY PRINCE GEORGE'S GENERAL NOSPITAL of the real administration of the level Luli, June 1. referred arrayal anaffait er new dip wit [1-h res we -ne collection . District and free washing to the total and the force of the the series of the series of the series of the series of

| | FOR STATE REGISTR | AR | | DEPARTMENT | OF HEALT | | | THE CO. | 0 5 G. NO. | 0 6 | 5 | |
|---|--|--|--|---|------------------|----------------------------|------------------------|-------------------------------|----------------------|-------------------------------------|-----------------------|--|
| CTOR. FILES. HOURS IREET, | 1. DECEASED (TYPE OR PRINT) | | | B. | KELI | EY, Sr. | | 2a. DATE KNOW OF ESTI- | N X MONTH | 17 ₁₉ 82 | 2b. HOUR 3:40r | |
| ON STRE | MALE | 4. RACE WHITE | 5. DATE OF BIRTH MONTH DAY Aug. 11, | 1899 82 | (IN YEARS IF U | VDER 1 YR. IF U | NDER 24 HRS. | 2c. DATE PRONOUNCED F DEAD | | 19 | 2d. HOUR 3:40p | |
| BE FILE S3 301 S 301 | 7a. BIRTHPLAC FOREIGN COU Maryla | ind | 76. CITIZEN OF W | • | WIDOV | | VORCED | | George | s | MD. | |
| ē/)0 | Beltsv | | 4624 B. | SPITAL, NURSING PACILITY, GIVE STREET ADD | Road | ER INSTITUTION | Dep | t of Agr | iculture | 26. WINDOF BU OR HOUST Govern | ISINESS RY Ient | |
| الله | Mary | | OR OTHER INSTITUTION, G | 13c. CITY OR TOV Beltsvi | | e YES NO D | | 4624 Blackwood Road | | ad | d | |
| 20 | Edga | ŕ | WIDDLE | Kelley | | 15. MOTHER'S A FIRST Louis | se | MIDDLE | | teler | | |
| | YES, NO, OR O | EASED EVER IN U.S. AI | RMED FORCES? E WAR OR DATES) | 215 36 | | Esther | | ley Same | e as #13 | (Wife | •) | |
| HIEF MEDICAL EXAMINER A USED AS A BURIAL-TRANSIT OF HEALTH AND MENTAL HY I, CREMATION, OR REMOVAL | PART O | e rise to immediates (a) stating the <u>undergouse last.</u> HER SIGNIFICANT (ONDITION ENDER A MULTIPLE OF OPERATION | DUE TO, OR (c) (C) (C) (C) (C) (C) (C) (C) | BUT NOT RELATED TO TH | E TERMINAL DISEA | | | | | 20 AUTOPSY | ? | |
| FPARTMENT OF IOR TO BURNAL, | | ERNAL CAUSE WAS YING OR BUTING CAUSE OF | DEATH P.N | A. MONTH DAY | YEAR 9 | OW INJURY OCC | CURRED (ENTER) | NATURE OF INJURY IN ITI | EM 18 PART 1 OR PART | YES 🗆 | NO D | |
| | WHILE AT WO | JRY OCCURRED NOT WHILE AT WORK | 21e PLACE O | OF INJURY (AT HO) TORY, FARM, ETC.) | | CATION | fait. | CITY OR TOWN | COUP | NTY | STATE | |
| | 220. | certify that I took char resulted from: Note | ge of the remains des | Accident , | Suicide | Hamicide TITLE (SPECIF | FY) | Inquiry , ermined manner (| and in my apir | 0/17 | /82 | |
| BALTIMORE, M. | | ER'S NAME | usto P. R | odri guez, | M.D. | | | burn Cour | | | | |
| | Burial | | 2/20/82 | Ft. L | incoln | Cemetery | 23d. LC CITY Bre | OCATION OR TOWN Entwood | P.G. | y Marylan | d d | |
| 5)) | Franci Hyatt | s Gasch's sville, Ma | Sons Funer ryland | al Home, | P.A. | | EB 2 2 | REGISTRAR 15) | BEGISTRAPS SK | Mestle | | |

OFALADY

| Feb. 17 F2 5:4 | e ° e | 1331 .0 | 2.190 | |
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| Anythurn Court Comp Serious, 10 | noon soon | | · ci www. | r, jan |

STATE OF MARYLAND

Checkers Bussell Consultation of the San signed by the attending physician and completely filled in by the funeral director hen please remaye carbangopers. Pages I and 2 shauld be filed within 72 hours af

carbangapers. Pages

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. |
|--|--|---|---|
| I. DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR |
| Mary | Gwendolyn | Kennedy | Feb 18 1982 4:04p M |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS |
| Female | Cau | Jun 23 1926 | |
| 70 BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIED NEVER MARRIE | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| Oklahoma | USA | WIDOWED XX DIVORCE | |
| 10 CITY OR TOWN OF DEATH | | ING HOME OR OTHER INSTITUTIO | N 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR |
| Andrews AFB | | SAF Medical Cente | er Housewife INDUSTRY |
| Virginia Arl: | or other institution give residence before UNTY 13c CITY OR TO Arlingt | WN 13d INSIDE CITY LIM | FF11 N 1011 C |
| 14 FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAID! | EN NAME MIDDLE LAST |
| Richard Mon | B.s Hatfield | Juanita | Ivey |
| 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIAL SEC | URITY NO. 17 INFORMANT L | eslie Kennedy PRESS |
| No | 443-18- | 4565 Karen Garl | ber 5511 N. 10th St Arlington Va |
| Canditians, if any, which gave rise to immediate cause to: stating the underlying cause last | | Infurction Box JENCE OF ARTERIOSCI Sclerotic Vascular | wel Infarction LEROTIC VASCULAR DISEASE * Disease E TERMINAL DISEASE OR CONDITION GIVEN IN PART II. |
| 190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | H OPERATION WAS PERFORMED | 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO X |
| 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I | | 21c. HOW INJURY O | CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) |
| 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE. | FARM ETC } | CITY ORTOWN COUNTY STATE |
| | spital) attended the deceased from Feb 18 19 not) view the body after death. | | 82 , to Feb 18 , 19 82 , that (I) (we) last pinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED |
| Howard | Juleans | C - IIII SICI | |
| 22d. PHYSICIAN'S NAME (1) | | 22e ADDRESS MAI | LCOLM GROW USAF MEDICAL CENTER |
| HOWARD LEIBRAN | ND, CAPT, USAF, M | IC ANI | DREWS AFB MD 20331 |

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the haspital ar shauld be detached far us with the State Dept. of He MPORTANT: If hem 21 is

BP

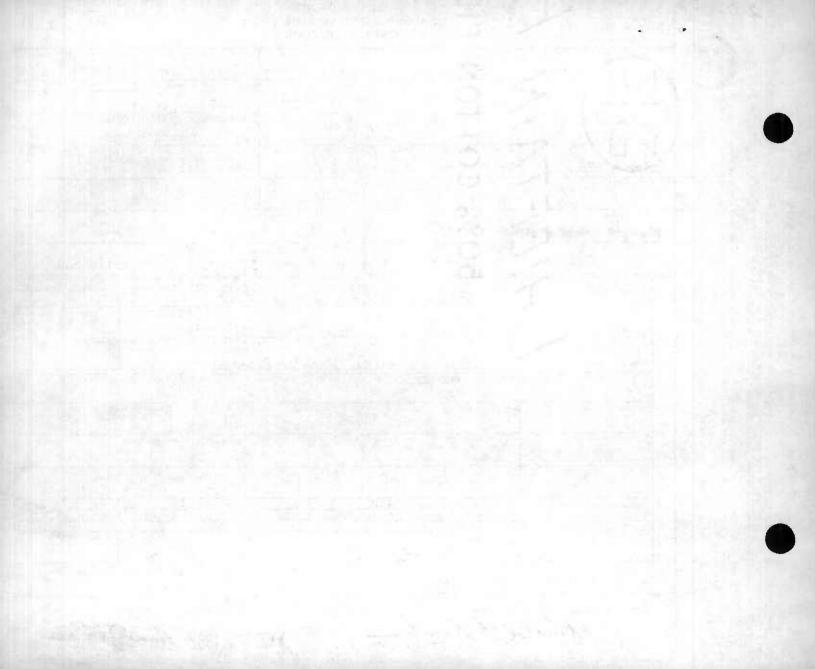
TO HOSPITAL OR

Murphy Funeral Home

FOR

230 BURIAL, CREMATION, REMOVAL (SPEC Cremation) 2/19/82 23c NAME OF CEMETERY OR CREMATORY Les Crematory

Arlington, Va.



| | 1 | - | | | | | ARYLAND | | | | |
|--|---------------|---------------------------|--------------------------|-------------------------|----------------------------|----------------|--|-------------------------------|----------------|---------------------|------------|
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| | | REGISTRAR | | ME | DICAL EXAMI | NER'S C | ERTIFICATE | OF DEATH R | REG. NO. | | |
| | | CEASED NAME | FIRST | | MIDDLE | | LAST | 2a. DATE KNO | WN D WC | ONTH DAY YEAR | 26 HOUR |
| EL SE | | | ETHEL | - | NIN | KI | NNEY | OF ES | ED X | 2-24 1982 | M |
| 프스藍 | 3. SE. | X | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN | YEARS IF UN | DER TYR. IF UNDER | | MO | NTH DAY YEAR | 24 HOUR |
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| E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, | 1 | Wash., | D.C. | U.S. | Α. | WIDOW | | | E CEC | ORGES | MD. |
| × × × | | ITY OR TOWN | | 11 NAME OF HOS | SPITAL NURSING HO | ME, OR OTH | ER INSTITUTION | 120 USUAL OCCUPATION | N (TYPE OF W | ORK 126. KIND OF BL | ISINESS |
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| EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BAITIMORE, MARYLAND, 2 | | (TITE OK PRIN | 1) 5 | | 10,0002 | | ADDRESS | | CAPIT S | MD 2074 | |
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| 1 | | E OR PRINT) | JOSEPH | F. I | KOLLAR | AST | 20. DATE OF DEATH MONTH 02-21 | DAY YEAR | 7:25 AM |
| (M) | 3. SE | Male | | ite | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) 70 YR | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| hin 72 h | | RTHPLACE ISTATE OR FORE COUNTRY) Pennsylvani | a l | OF WHAT COUNTRY | MARRIE | | 9 BALTIMORE CITY OR COUNTY OR COUNTY OF THE PRINCE GEORGE | S | MD. |
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| and 2 sho | | John | MIDDLE | Kollar | | Helen | MIDDLE | Takach | 12 |
| n and co | 160 | WAS DECEASED EVER IN YES, NO OR UNKNOWN) YES | U.S. ARMED FORCE FYES GIVE WAR OF DATE | | | J. Edgar Ke | nt 177 Firewood | Dr., Bri | dgeville |
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| an. has been sit permit. The ene prior ta aws any inju | CERTIFICATION | 190 DATE OF OPERATIO | N 19b. C | ondition for which | H OPERATIO | N WAS PERFORMED | | YES, WERE FINDING TIFYING CAUSES | |
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| fter this of the building the b | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK | | ACE OF INJURY ME_STREET, FACTORY, OFFICE, | FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| espital ar ECTOR: A ed for use of: of Healt m 21 is ma | | 22a. I certify that (1) (the saw the deceased of abave, (1) (we) (did) 22b. SIGNATURE | Pho. | | | d that in (my) (aur) apinian | death accurred an the date and h | naur and fram the | causes stated |
| by the h ERAL DIR e detache State Dep | | 22d. PHYSICIAN'S NAME | LIYPE OR PRINT | ish wis | | ****** | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE | Sta- |
| retained by TO FUNER, should be d with the Sta | 77- | m. B | AIG. | E 22 | NIAME OF C | 3450 Fa | 1736 LOCATION | Lmw | |
| BP | | BURIAL, CREMATION, REA (SPECIFY) Burial | | | | g Cemetery | Paxtang, Da | | |
| MH - 16 50M 1/81 (VRA 15, 4) | 24. F | Robert B. I | Fackler, | Harrisburg | , Pa. | 250. DA | FREC'D. BY REGISTRAR 256 REG | ISTRAR | GHA GGETT |

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| 25 8 52 E | | CEASED NAME PE OR PRINT) | FIRST ELIZABET | ГН | MIDDLE | LAKA1 | OS | | 20 DATE KI OF DEATH A | NOWN X | 2-23 | YEAR 1982 | 25. HOUR PM 2:36 |
| OUR FILE OUR FILE ON STREE | 3. SE | MALE | Cauc. | Jan26, | 909 7 | 13 YRS. | UNDER 1 YR. | HOURS N | HRS. 2c. DATE AIN. PRONOUNC DEAD | ED | 2-23 | | 24 HOUR 2:36 |
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| A SAFET | BO | OWIE | | 11. NAME OF HOS (1F NOT IN SUCH FAI BOWLE HE | ALTH C | ENTER | THER INSTITU | II MOITL | To USUAL OCCUPA FOR MOST OF WORKIN Homemak | ATION (TYPE OF NG LIFE) (CF | WORK 12b. KI | IND OF BUS R INDUSTRY | |
| H. IF ANY DE Y. 2, AND 3 A. 3. RETAIN (2 SHOULD PALKECORD | 13a S | AL RESIDENCE (#F) TATE Enna. | 135 COUN | ROTHER INSTITUTION GIVENCE | 13c CITY OR New | TOWN Castle | 13d. INSIDE (| CITY LIMITS? 13 | 1803 Ha | nna S | treet | | |
| 18 PM 37 | | Michael | | MIDDLE | Toth | | | ER'S MAIDEN | unknown | | | LAST | |
| LITEM 18. GIVE PAG MONG WITH FORA T PERMIT, PAGES 1, FGIENE, DIVISION O | 16a. \ (Y | VAS DECEASED E ES, NO, OR UNKNOWN NO | | MED FORCES? WAR OR DATES) | | SECURITY NO. 2-7085 | Lawr | | Hartman, | ADDRESS 2803 | Folso | owie m La. | . ,Мс |
| ULD BE EXECUTED WITHIN 24 HOU" "PENDING" IN PENCIL IN ITEM 18 FED AS A BURIAL TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. | NO | gove rise couse (o) sto lying couse l | ICANT CONDITIONS | (c)CONTRIBUTING TO DEATH I | AS A CONSEC | | ASE OR CONDITID | ON GIVEN IN PART 1 |) (a). | | | | |
| OND "PER CHIEF M E USED A TOF HEA URIAL, C | CERTIFICATION | 190. DATE OF OF | PERATION | 196 CONDIT | ION FOR WH | ICH OPERATION | WAS PERFOR | RMED? | | | | AUTOPSY? | NO [2] |
| RWARDED TO THE CHIEF ME RAGE 3 SHOULD BE USED AS STATE DEPARTMENT OF HEAI 7, 21201 PRIOR TO BURIAL, GR | MEDICAL CER | 21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC | OR CAUSE OF D | DEATH P.M. | MONTH DA | YEAR | OCATION | OCCURRED | ENTER NATURE OF INJUR | RY IN ITEM 18 PART | 1 OR PART 2) | 18 | A |
| TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P | W | 22a. I certify the death resulted the ACTUAL SIGNATURE | Augu | e of the remains design of courses , | ory, FARM, ETC) | held on Auto | DPSY , Homic | Inspection [cide , SPECIFY) | Inquiry Inquiry Indetermined moni | ond in | DATE SIGNED | · 23. | STATE |
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| ≥ 8558 € 5 | MEDICAL CERTIFICATION | 21d. INJURY OCCUR | WHILE | 21e PLACE O | FINJURY (ATHOME, PRY, FARM, ETC.) | | CATION STREET | CITY OR TOW | 1 CI | YTAUC | STATE |
| DIV THIS C , WRIT WARDE PAGE 3 | | AT WORK AT W | | | | | | | Table 1 | | |
| TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH HE STATE BALTIMORE, MARYLAND, 2120 | | | I taak charge of th | he remains descr | ribed abave, held an | Autap | sy , Inspection | an A Inquiry | X and in my a | pinion | |
| NO THE | | death resulted from | | [Y] | | vicide | Hamicide . | Undetermined man | | | |
| REELENTING BENEFITS | | _/ | 1 | | | | TITLE (SPECIFY) | ongerenmied mar | | | |
| 2004x | | ACTUAL SIGNATUE | Legusto | ()X | reliebus | 5 | deputy | MEDICALEN | DATE | 2/16/ | 1982 |
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| A SE | 100 | EXAMINER'S NAME (TYPE OR PRINT) | August | o P. Ro | driguez, N | 1. D. | ADDRESS 5009 | Rayburn Co | urt.Camp | Springs. | . Md. |
| PAGE TO | 23a B | | | | 23c. NAME OF CE | | THE STATE OF THE S | 23d. LOCATION CITY OF TOWN | | - P - 2 90 | |
| | | URIAL, CREMATION, F | C. C | | ISC. NAME OF CE | THE LEKT C | | | | | TATE |
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MPORTANT:

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

76 CITIZEN OF WHAT COUNTRY?

MALCOLM GROW USAF MEDICAL CENT

UNITED STATES

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

FRINCE GEORGE

MIDDLE

DECEASED NAME

JAMES

O. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

FIRST

19a. DATE OF OPERATION

ANDREWS AFB

MARYLAND

4 FATHER'S NAME

JESSE

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16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

(TYPE OR PRINT)

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| | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 1 S CLINTO | 1 | 13d. INSIDE CITY | LIMITS? | 13e STREET ADD | RESS MAR | AV | E | | |
| LE. | LAST | | 15. MOTHER'S M | ST | | DDLE | | , | AST | |
| FORCES? | 166 SOCIAL SECUI | RITY NO. | 17 INFORMANT | | | ADCLINT | ON, | MD | 20735 | 5 |
| 1959 | 176-32-6 | 583 | DOROTH | EY MAY | LASH, | 6021 CH | RIS | MAR | AVE, | 100 |
| ne couse per (: AUSE (o) | CA4017 - | _ | CARDIO-PI | ULMONA ALLE | ARY ARRES | ST | 1 13 | APPRO BETWEEN | XIMATE INTER | DEATH |
| DUE TO, OF | R AS A CONSEQUE | NCE OF & | | STAPI | HYLOLOICA | AL SEPS | IS | | | |
| | | | | | | | | | | |

| | (IF YES, GIVE WAR OR DATES) | 176 20 6502 | DODOWIEW MAY TAC | | , MD 20733 |
|--------------------|-----------------------------|--------------|---|------------------------|---|
| YES | 1933-1959 | 176-32-6383 | DOROTHEY MAY LAS | H, 6021 CHRIS | MAR AVE, |
| | which (b) | CAPOID - PUL | CARDIO-PULMONARY A MINARY AUGUST ADVANCED STAPHYLOL MARKET SERVING | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATM |
| PART 2. OTHER SIGN | lost (c) | | NOT RELATED TO THE TERMINAL DISE | ASE OR CONDITION GIVEN | NIN PART 1(0) |

21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED

111 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

JAN 26 27a.1 certify that (1) (this haspital) attended the deceased fram,

CITY OR TOWN COUNTY

FEB 22 and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated abave the (we) (did) (did nat) view the body after death DEGREE 22c. DATE SIGNED

82

27d PHYSICIAN'S NAME TYPHORP

NOT WHILE

saw the deceased alive an.

22b. SIGNATUR

27e ADDRESS

20331

82

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

FEB 22, 82

ATTlington" VA

PETER, J. NIGRO, CAPT, USAF, MC 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY

MALCOLM GROW USAF MC, AAFB, MD 23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

NO

FEB 22

Burial 1982 Arlington National Cemetery

BP. DHMH - 16 50M 1/B1 (VRA 15, 4) 663

DEUNERAL DIRECTOR: auld be detached for use th the State Dept. of Hea

Lee Funeral Home, Inc. 24 FUNERAL DIRECTOR

Od Alexander Ferry Rd., Clinton

CARGO- PULMUNEY ARREST ABOVETO VIEW MALES COME SAISE

Corr of alexander Ferry LA. Clinton, on PESSS MS2 Zame Nature

| ILES. SEET, | | CEASED NAME PE OR PRINT) | EUGEN | 5. DATE OF BIRTH | W. | LEELAND, JE | OF ESTI- | 2 6 1982 A |
|---|-----------------------|--|---|---|---|---|--|--------------------------------------|
| YOUR FILES. HINY 2 HOURS ISTON STREET, | Mã 7a B | IRTHPLACE (STATE OF | nite | July 6, | 1958 23 BIRTHDAY) MC | ONTHS DAYS HOURS | PRONOUNCED DEAD | 2 6 1982 4:32 a M |
| A PAGE TO | 10. C | aryland ITY OR TOWN OF DR Cheverly | | Prince G | PITAL, NURSING HOME, OR C CILITY, GIVE STREET ADDRESS) George's Gen. | OWED DIVOR | | work Trinshission ORINDUSTRY Company |
| RETAIL FOULD | Ma Ma | ryland | 113b. COUNT | | VE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Seabrook | 13d INSIDE CITY LIMITS? YES X NO | | toad |
| A SE | 14, F. | Eugene | W. | MIDDLE Lee | land, Sr. | Dorotl | MIDDLE | Whaleh |
| WITH FORM T. PAGES 1 AI DIVISION OF | 16a. \ | NAS DECEASED EVE | (IF YES, GIVE W | | 215 74 9494 | Marilyn H | R. Leeland Same a | s #13 (Wife) |
| INER ALONG W RANSIT PERMIT ITAL HYGIENE, D R REMOVAL. | 7 | Canditians, if gave rise to | any, which | DUE TO, OR | NOTACIC INJUTIE AS A CONSEQUENCE OF | | | |
| EDICAL EXAM S A BURIAL - I LTH AND MEN REMATION, O | No. | lying cause las | | (c) | AS A CONSEQUENCE OF | EASE OR CONDITION GIVEN IN I | PART 1 (a). | |
| CHIEF MEDICAL EXAM E USED AS A BURIAL-T OF HEALTH AND MEN URIAL, CREMATION, O | TIFICATION | lying cause las | ANT CONDITIONS CO | (c) | | | PART 1 (a). | 20. AUTOPSY? YES 🐼 NO 🖸 |
| ARDED TO THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINES SHOULD BE USED AS A BURIAL. THE DEPARTMENT OF HEALTH AND MEN AND PROPERTY OF BURIAL, CREMATION, OF | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER 2 O | RATION USE WAS OR CAUSE OF D | 19b. CONDITION TIME OF HOUR A.M. 21b. TIME OF HOUR A.M. 21c. PLACE C. STREET, FACT. | BUT NOT RELATED TO THE TERMINAL DISTRICTION FOR WHICH OPERATION FINJURY MONTH DAY YEAR (2-6-1982 FINJURY (AT HOME, 211) TORY, FARM, ETC.) | HOW INJURY OCCURE Cassenger I LOCATION STREET | RED LENTER NATURE OF INJURY IN ITEM 18 PART n auto/fixed object CITY OR TOWN | YES NO COUNTY STATE |
| PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER 2 O | RATION SUSE WAS OR CAUSE OF D ORRED OT WHILE WORK at I took charge | ONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M 21e PLACE STREET, FACT of the remains des | BUT NOT RELATED TO THE TERMINAL DISTRICT NOT THE TERMINAL DISTRICT NOT RELATED TO THE TERMINAL DISTRICT NOT THE TERMINAL | HOW INJURY OCCURRED? ASSENGER I LOCATION STREET D500 blk. Cotopsy X, Inspection TITLE (SPECIFY) M.D. Assista | n auto/fixed object entral Ave, Printer Indian Indi | YES NO D |

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Hurist 2/10/32 W. Clivet Sendery Exhibition L.G. Pendery Exhibition Company Exhibition C

STATE OF MARYLAND

12b. KIND OF BUSINESS OR

MPETTARY

2b HOUR

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OF PRINT! LEON N/MN LEWIS 28 1982 FEB 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MALE MAY 09 1914 67 WHITE TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED GEORGIA USA PRINCE GEORGE'S COUNTY DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION MALCOLM GROW TUSAF SMED CENTER TYPE OF WORK FOR MOST OF WORKING LIFE ANDREWS AFB, MD Master Sargeani 13d INSIDE CITY LIANTS? Rt. #2 B MARYLAND Pomfret #2 Box 156 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME JAMES JACKSON LEWIS MATTIE LOUISE GRAY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 1934-1962 705-14-9180 YES

17 INFORMANT JACQUELINE LEWIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ARREST CARDIAC ARREST IMMEDIATE CAUSE IO. OR AS A CONSEQUENCE OF CANDIDA SEPSIS RESPIRATORY FAILURE ANDIDA SEVSIS: RESPIRATORY FAILURE Canditians, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC) CITY OR TOWN NOT WHILE

Feb 82_, that (I) (we) last 82 Feb 28 22a I certify that (1) (this haspital) ottended the deceased fram the deceosed alive an Feb 28
(fine) (did) (did not) view the bady after death 19 82 _, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated DEGREE 22c. DATE SIGNED

22e ADDRESS

PETER J NIGRO

MALCOLM GROW USAF MED CEN ANDREWS AFB, MD 20331

CAPT, USAF, MC 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

March 3,82 Arlington Nat'l

Burial 24 FUNERAL DIRECTOR

Huntt Funeral Home Waldorf, Maryland

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Arlington Arlington Va.

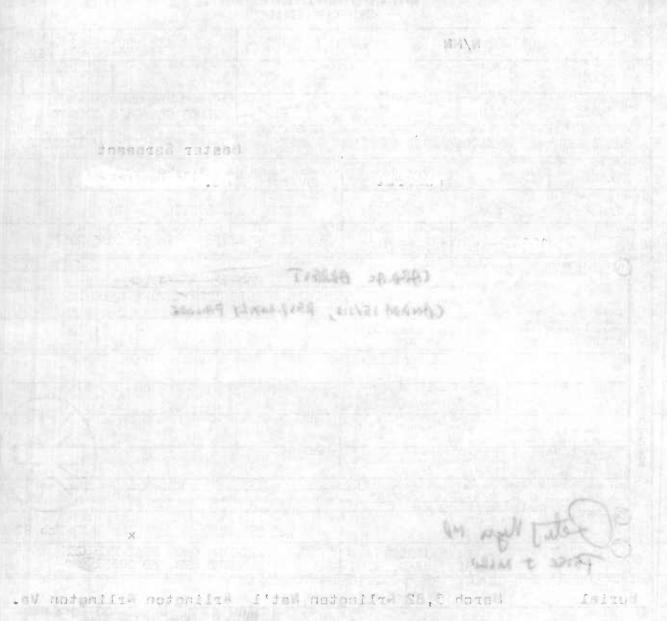
28 Feb 82

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT



Huntt Functal Hand Halderf, Peryland

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RAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

20. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

FEBUARY 1, 1982

| - STATE REGISTE |
|---------------------------------|
| I DECEASED N (TYPE OR PRINT) |
| 3 SEX |

MALE

AME **JOHN** STEPHEN LOUGHREY 4. RACE

WHITE

5. DATE OF BIRTH OCTOBER 7, 1914

9 BALTIMORE CITY OR COUNTY OF DEATH

2h HOUR

4:25

To. BIRTHPLACE (STATE OR FOREIGN WASH DC

MARRIED NEVER MARRIED WIDOWED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DIVORCED [120 USUAL OCCUPATION

PRINCE GEORGE'S COUNTY 12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE

LIQUOR

10. CITY OR TOWN OF DEATH ANDREWS AFB

MALCOLM GROW USAF MEDICAL CENTER ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION

Th CITIZEN OF WHAT COUNTRY

UNITED STATES

13d INSIDE CITY LIMITS? PRINCE GEORGE'S FORESTVILLES 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS 7012 NIMITZ DR

MIDDLE

MANAGER

MARYLAND 4. FATHER'S NAME WILLIAM

LOUGHREY 16b. SOCIAL SECURITY NO

MARGARET 17 INFORMANT

MURPHY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN)

WWII 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

578-01-9343

ADDRES VILLE, MD DOROTHY S. LOUGHREY 7012 NIMITZ DR. FOREST

PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause

ntin MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF

ANOXIC ENCEPHALOPATHY

Arrest CARIOPULMONARY ARREST

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU

190. DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES [NOT

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 INJURY OCCURRED

WHILE NOT WHILE AT WORK

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21 LOCATION COUNTY CITY OR TOWN

220 I certify that (I) (this haspital) attended the deceased from

22b/SIGNATURE

CERTIFICATION

TEN

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

(aur) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED

STATE

BLAIN R. MILLER, CAPT, USAF, MC

MALCOLM GROW USAF MC. AAFB. 20331

230 BURIAL, CREMATION, REMOVAL Burial

Funeral Home

23b. DATE 2-4-82

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

22e ADDRESS

and that in

DEGREE

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT

PA FUNERAL DIRECTOR Robt E Wilhelm ADDRES 4308 Suitland

Rd., Suitland, Md.

Suitland, P.G., Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE none

Rd., Suitland

pulses and the second of the s

| STATE OF MARYLAND | 0 7 0 |
|--|---|
| 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 0/1 |
| REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REGISTRAR REGISTRAR REG. NO. | |
| (TYPE OR PRINT) | DAY YEAR 26 HOUR |
| | 2 19 82 M |
| 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR LAST BIRTHDAY! MONTHS DAYS HOURS MIN. PRONOUNCED | DAY YEAR 2d HOUR 8.46 |
| Male White May 25, 1944 37 yrs. DEAD 2 | 2 1982 8:46 P.M |
| 76 BIRTHPLACE (STATEOR TO THE COUNTRY? B. MARRIED NEVER MARRIED D.C. U.S.A. WIDOWED DIVINED DI PRINCE GEOGRAFIA | |
| " broke a broke a little ocorgo s | |
| 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) POR MOST OF WORK INC. IF 19 P | OR INDUSTRY |
| Triverdate Legare Legard Melloria, 1103pt at | Currier |
| USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 130. COUNTY 130. STREET ADDRESS 130. STREET ADDRESS | |
| Maryland Prince Geo. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13d STREET ADDRESS 13d INSIDE CITY LIMITS? 13d STREET ADDRESS 13d INSIDE CITY LIMITS? 13d STREET ADDRESS 13d INSIDE CITY LIMITS? 13d INSIDE CITY L | treet |
| 14. FATHER'S NAME Myron H. Lowe 15. MOTHER'S MAIDEN NAME ANDOLE Llewel Llewel | LAST |
| | Lyn |
| (YES NO OR UNKNOWN) LIEVES CINE WAR OR DATES) | |
| | |
| 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (o) Cranial Trauma | |
| DUE TO, OR AS A CONSEQUENCE OF | |
| gave rise to immediate (b) | |
| cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF | |
| (c) | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 | |
| 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | Inzonowa |
| 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 2B AUTOPSY? |
| 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR &X MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 8:35p.m. 2 2 19 82 Subject pinned under auto which 21d. INJURY OCCURRED WHILE NOT WHILE XX 21e. HOW INJURY OCCURRED STREET, FACTORY, FARM, ETC.] 21f. LOCATION STREET CITY OR TOWN COU | YES XX NO |
| UNDERLYING XXOR HOUR AXX MONTH DAY YEAR | |
| CONTRIBUTING CAUSE OF DEATH 8:35P.M. 2 2 19 82 subject pinned under auto which | fell off jack |
| WHILE NOT WHILE XX STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN - COU | NTY STATE |
| 31 Teet 4201 Ogrethorpe 31., Hydrisville, | |
| | eorge's Co., |
| death resulted fram: Natural causes , Accident XX, Suicide , Hamicide Undetermined manner , | May |
| ACTUAL 11- POR ACCICTANT DATE | 0 7 00 |
| ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER SIGNET | 2-3-82 |
| EXAMINER'S NAME Virginia Dolan M.D. III Popp Stroot Balt | imore, Md. |
| (TYPE OR PRINT) VIIGITIA L. DOTAIL, M.D. ADDRESS. | THOI'E, MU. |
| 236, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTRY Brentwood P.G. 23c. NAME OF CEMETERY OR CREMATORY Brentwood P.G. | Maryland |
| | |
| Francis RGasch's Sons Funeral Home, P.A. Hyattsville, Maryland 1982 | 1 1 1 1 1 1 1 |
| I GVELLENT I O BERTHARD | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

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Myron H. Lown Same or 13 THE COLORS

Baltimore, Ma.

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Markey Pt. Huenda Committee Brenished C.G. Harriand Francis pach's Jone Currel Home, L.A. Tratterille, Maryl and

ned by the ottending physician and completely filled in by please remave carbon papers. Pages 1 and 2 should be filed

| DECASED NAME PROT MIGORE LAST TO ALEXE TO A | | 1 | FOR - STATE | | | DEPART | MENT OF | TE OF MARYLAND HEALTH AND MENTAL HYG | GIENE 8 | 2 0 | 5 4 | 3 3 |
|--|-----|-------------|----------------------|--------------|--------------|-----------------------------|---------------|---|------------------|---------------------------|--------------|---------------|
| LAWRENCE 3. SEX Male Black JAMENDE Black JAMENDE Black JAMENDE Black JAMENDE JAMEN | | i. | | | | | CERTI | FICATE OF DEATH | | REG. NO | | |
| LAWRENCE J. SEX Male Black Black June 14,100 81 V15. 81 SARED SINCE GOODE VERTAL OBJECTOR OF WHAT COUNTRY WIDOWED DOORCED DOORCED OF RINGE OF COUNTRY OF DEATH U15. V15. V1 | | | | FIRST | | MIODLE | - 1 - | LAST | 2a. DATE OF D | EATH MONTH | DAY YEAR | 26 HOUR |
| Male Black June 14,19000 81 755 75000 7500000 750000 750000 750000 750000 750000 750000 7500000 750000 750000 750000 750000 750000 750000 7500000 750000 750000 750000 750000 750000 750000 7500000 7500000 7500000 7500000 7500000 7500000 7500000 7500000 75000000 75000000 75000000 75000000 75000000 75000000 75000000 750000000 7500000000 750000000000 | | | | LAWF | RENCE | | - 1 | LUSTER | | 02- | 16-82 | 2:404 |
| MARICE SLACK JUNE 14,1900 Start Star | | 3. SE | Х | | 4 RACE | | | | 6 AGE (IN YEAR | | | IF UNDER 24 H |
| Part Death Part Death Part Death Part Death Part Death Part Death Death Part Death Dea | | | Male | | 0.300 | Black | | | 81 | | NONTHS DATS | HOURS M |
| No. | 30 | | | r Foreign | | | 8 AAA DDIE | NEVED MADDIED | 9 BALTIMORE | | OF DEATH | |
| CHEVERLY PRINCE GENCE'S GENERAL HOSPITAL SUBJECT: USUAL RESIDENCE 19 NUMBER OF THE PRINCE GENCE'S GENERAL HOSPITAL THE PRINCE GENERAL HOSPITAL SUBJECT: USUAL RESIDENCE 19 NUMBER OF THE PRINCE GENERAL HOSPITAL THE PRINCE HOSPITAL THE PR | 5 | | | • | U. | S.A. | | | PRINCE | GEORGE'S | COUNTY | 1 |
| CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL Farmer The street mobile of the profit of | 1 | 10 C | ITY OR TOWN OF DE | ATH | 11. NAME | OF HOSPITAL, NURSIN | IG HOME | OR OTHER INSTITUTION | | | | F BUSINESS |
| JUST THE STANDE STATE OF OPERATION OF CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED JUST THE STANDE STAND OR UNKNOWN IN STAND OR CAUSE OF DEATH OF CAUSE OF | 1 | C | HEVERLY | | PRIN | CE GEORGE'S | GENE | ERAL HOSPITAL | | | | ing |
| Md. P.G. Fairmount Hgt by Mo 5410 Sheriff Rd. | 1 | USU 13a. | AL RESIDENCE (IF NUI | | | | | | 113a STREET AD | DPESS | | |
| JOHN ILEST JOHN INCOMP INC | | | Md. | | | - | | | 5410 | Sheriff | Rd. | |
| 15 16 16 16 16 16 16 16 | | 14. F | | | MIODLE | LAST | | | | Millione | | |
| NO STATE CONDITION COND | 10 | | John | | | | | (CM2) | | | LAS | o t |
| SCAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) | | | | | | | RITY NO. | 17 INFORMANT | | | Take 1 | |
| 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) | | | | (11 165, 01 | VE WAR OR DA | | 4309 | Versie Lus | ter-Se | me 90 # | 13 ah | 0770 |
| DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause io) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause io in the intermediate cause io intermediate cause intermediate cause io intermediate cause intermediate intermedia | 99 | | 18 CAUSE OF DEA | TH (Enter a | nly ane caus | e per line far (a), (b), an | d (c).) | , | | 1 | | |
| DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTY STATE COUNTY COUNTY STATE CONTRIBUTION COUNTY STATE COUNTY | | | PART I. DEATH | | | acute. | Mu | aandeal & | hored | run | | |
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF | - | -17 | 4100 |) "" | | 0.00.45.4.60.4650.4 | | | | | | |
| OVER THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN GIVE | | | Conditions if on | v which | 1 | | NCE OF | | | | 4-1830 | |
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| WHITE NOT WHITE AT WORK 220.1 certify that is (this haspital) attended the deceased from 19 , and that in (my) (ax) opinion death accurred on the date and hour and from the causes state above, (1x (we) I did) (did of 1 view the bady after death. 226. DATE SIGNATURE 226. PHYSICIAN SNAME (THE DEEDEL) 227. DATE SIGNED 228. ADDRESS | 1 | OIC/ | | | | | 19 | 211 LOCATION | | | | |
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| sow the deceased alive an abave, it skeel this little with the bady after death. 22b. SIGNAT (RE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC | | | AT WORK AT WE | ORK | | | 1 | | | | | 1 11 |
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| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DI | | | abave, we | sed alive ar | ot) view the | pady after death. | , 0 | nd that in (my) (av) opinion | death accurred a | on the date and hour | and from the | causes stated |
| PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS | | | 226 SIGNATURE | b | | 7 | | | 97 (0.21) | | 7 | |
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| GARRIEZ JAFFE, M) STIL SARVIS HUR KWERBER M) | 1 | | 224. PHYSICIAN'S N | IAME THE | | / | | | . ^ | 0 0 | | ~ |
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| | | | BURIAL, CREMATION | al | 2-1 | 9-82 | Harm | ony Mem. Pa | CITY OR | hland Da | COUNTY | STA |

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TO FUNERAL DIRECTOR. After this

retained by the hospital

24 FUNERAL DIRECTOR

H.S. WASHINGTON + SONS 4925 BURROUCHS AVEN E.

Highland Park

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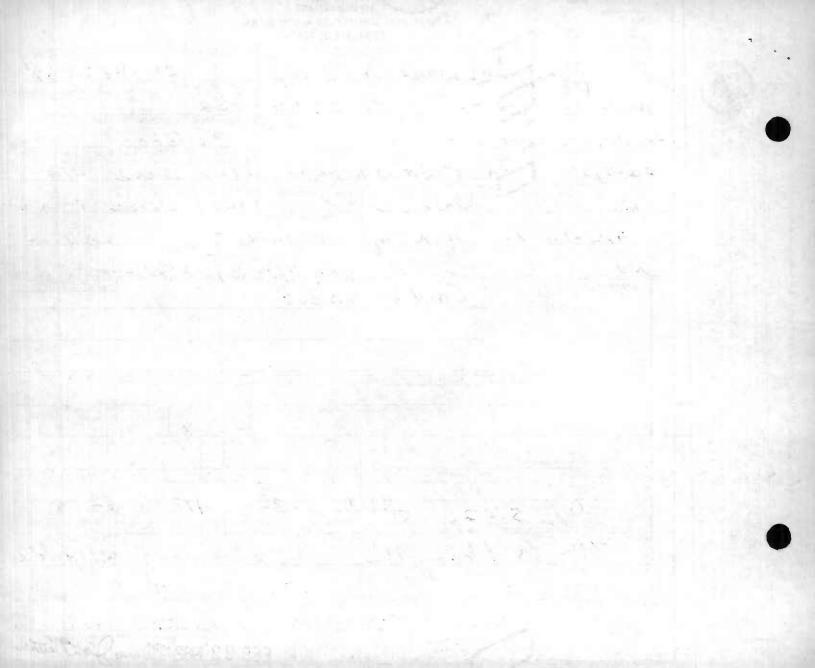
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

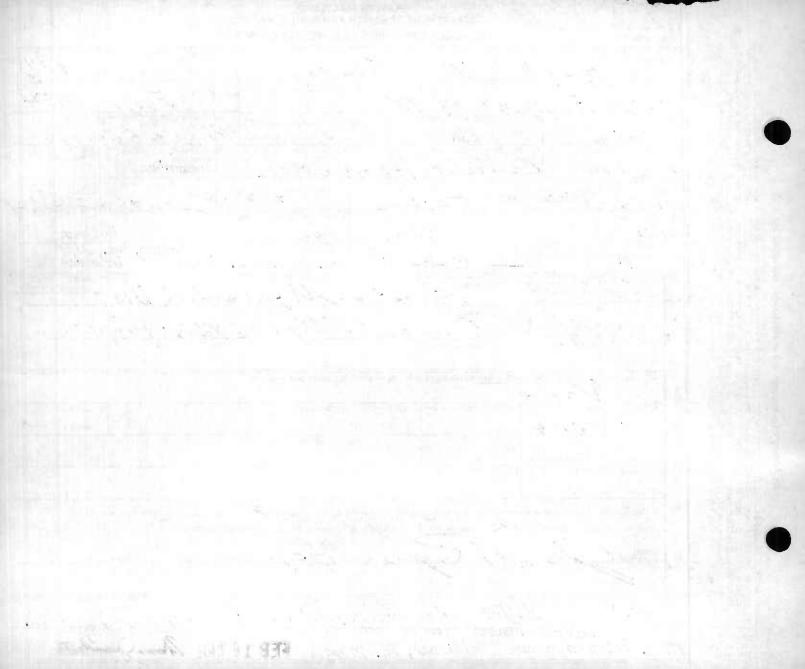


| 1 | 1 - STATE REGISTRAR | DEF | CERTIFICATE OF DEATH | REG. N | 0. |
|---|--|--|--|--|---|
| 2 (EM) | DECEASED NAME FIRST (TYPE OR PRINT) Prest | ton W. | Marshall | Pebrua: | |
| A mo | Male Male | 4 RACE White | 5. DATE OF BIRTH MONTH MAY 4, 1906 | 6. AGE (IN YEARS LAST BIR | RTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS. |
| Po dir | 70 BIRTHPLACE ASTATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUN | TRY? 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF DEATH |
| deot him 7 things | West Virginia OCITY OR TOWN OF DEATH | USA | WIDOWEDE DIVORCED TRISING HOME OR OTHER INSTITUTION | Prince | |
| 201 by the filed with | Clinton | Southern Ma: | ryland Hospital | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Mechani | OF WORKING LIFE) INDUSTRY |
| AND 21 houn 24 hound 24 hound 24 hound 25 hound | | ne arung city or liver: Loth | | 13e STREET ADDRESS 102 Ways | ons Mobile Court |
| MARYL Softely Confeely | 14 FATHER'S NAME FIRST Charles | Mars | nall IS MOTHER'S MAIDEN N. | MIDDLE | Lovejoy |
| FIMORE, be executed and account of the control of t | | IVE WAR OR DATES) | | aughter Rulapaugh | 3722 Nile Rd |
| the deoth certificate the otherding physici remove carbon poper emotion, or removal. | PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the | DUE TO, OR AS A CONS | eovence of Emplys | atoy Fa | APPROXIMATE RITERVAL BETWEEN ONSET AND DEATH |
| CORDS, 201 w requires that we require that mit. Then please anor to buriol, or only injury, or other than the control or the c | PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION | | TO DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN IN PART 110 |
| VITAL RE lo hysicion. Icote hos ronsit perir Hygiene F | 310 VCCIDENT MAS ANDERTAINE | 7 216. TIME OF INJURY | | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| NG PHYSICIAN: The low requires of the burief | OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED | HOUR A.M. MONTH | DAY YEAR 19 21t HOW INJURY OCCUP | KRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART 2) |
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| ATTENE ospitol o ECTOR: ed for use of the em 21 is | sow the deceased alive a | ortal) attended the deceased from 2-19. otty view the body after death. | 982 ond that in (my) (our) opinion | , 10 | ote and hour and from the causes stated |
| by the hby the by the bothe e detoche Stote Dep | 224 PHYSICIAN'S NAME (TYPE | | ATTENDING PHYSICIAN | | |
| O HOSS | J.H.T | hibAdeA | ·U. 3112. | AlA A | ve. SE Dizas |
| BP | 330. BURIAL, CREMATION, REMOVA (SPECIFY) RUPIAL | | 23. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemete | | |
| DHMH - 16 50M 1/81 (VRA 15, 4) | 24 FUNERAL DIRECTOR NAME Robert E. Wilh | ADDR | Suitland, Md. | B 2 5 1982 | THE REGIST ARS SIGNATURE |
| | TOWAT C TI MATTI | THE LAMETAL | TIONE | | |

or to Report to less The State of the S RELIES OF THE RECEIPT OF THE RESIDENCE O 11 12 25 24 6 17 4 4118 Marger 9 12 11

| - 61 1 | FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 0508 |
|-------------------|--|--|------------------------------------|
| | STATE REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. | |
| | CEASED NAME FIRST | MIDDLE LAST 20. DATE KNOWN OF ESTI- | MONTH DAY YEAR 26 |
| 3 SE | X derage | S. DATE OF BIRTH [6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE | MONTH DAY TEAR 26 |
| | 4/ = | MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD DEAD | Eb. 11, 19823 |
| 70. 6 | IRTHPLACE (STATE OR DREIGN COUNTRY) | | OR COUNTY OF DEATH |
| | Manuland ITY OR TOWN OF DEATH | USA WIDOWED DIVORCED DIVORCED IN THE INSTITUTION 120 USUAL OCCUPATION | TYPE OF WORK 12b. KIND/OF BUSIN |
| 1 | 2 uvel | FOR MOST OF YORKING LIFE) | OR KIDUSTRY |
| | AL RESIDENCE (IF IN NURSING HOME OF | ITY / 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e_STREET ADDRESS | ndem evel |
| 10.5 | ATHER'S NAME | MIDDLE LAST C FIRST MAIDEN NAME MIDDLE | 11. 0 ¹ 0 ST |
| 160. | illiam WAS DECEASED EVER IN U.S. ARM | MELSON SUSAN MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT WAR OR DATES! | Hoffman Sin M. 20794 |
| | (ES, NO, OR UNIX OWN) (IF YES, GIVE A | WAR OR DATES) 218-16-5241 Mrs. Suzanne J. Brown 9 | 108 Windemere W |
| NOIL | /Von | (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| FICA | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? |
| CAL CERTIFICATION | 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM | YES P |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET FACTORY FARM FTC.) STREET CITY OR TOWN | COUNTY |
| | 22a. I certify that I taak charge | e of the remains described above, held an Autapsy , Inspection Inquiry , | and in my apinian |

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| 1 | - | | | | | | | ARYLAN | | | 47% | 13 | 100 | . 9 | 22 | |
|--------|---------------|---|---|---|----------------------------------|------------------------------|---------------|----------------------------|----------------------|-----------------|--------------------------------------|--------------|--------------|--------------|----------------|--------------|
| | 1- | FOR STATE REGISTRAR | | | | MENT OF | | | | 13 | H . | REG. NO | 2 | | 0 - | |
| | 1. DE | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | | | LAST | | | DATE KNO | OWN & | MONTH | | | b. HOUR |
| | 3 SEX | 4. RA | Adam | 5. DATE OF BIRTH | R. | 6. AGE (IN YE LAST BIRTHE | | IDER 1 YR. | IF UNDER | 24 HRS. 2c. | DATE ONOUNCE | | 2 MONTH | 14 19 DAY | | HQUI |
| | | | hite | 2 3 | 66 | 16 Y | RS. | DAYS | HOURS | | DEAD | | 2 | | | 7:48 P. ~ |
| 7 | Was | RTHPLACE (STATE OF REIGN COUNTRY) Shington | D.C. | USA | TAT COU | VIKT? | MARR WIDOW | ED NE | VER MARRI DIVORCI | ED D | rince | Geor | - rge's | Cour | ity, | ME |
|) | Hil | Ivoriown of Di | eiahts | 11. NAME OF HOS (IF NOT IN SUCH FA 3218 C | ulver | Street ADDRESS) | + | er institu | TION | FOR MO | OCCUPAT of WORKING dent | | E OF WORK | School | IDUSTRY | NESS |
| | USUA 13a S | L RESIDENCE (IF IN IT | 13b COUN' Pr. (| or other institution, GI TY Geo. | 113c CITY | Y OR TOWN | | 13d. INSIDE (| NO [| 13e. STREE | ADDRESS Dee: | r Pai | rk Dr | | | |
| | | Marion | | R. | | ttingl | = | Ma | R'S MAIDE | NAME | MIDDL | | | Holl | idge | 9 |
| 1 | 16a. V (Y | VAS DECEASED EVE ES, NO, OR UNKNOWN) NO | (IF YES, GIVE | MED FORCES? WAR OR DATES) | | 0-90-65 | | 17. INFORM | | llidg | e Blal | Ce £ | | as it | tem 1 | 13 |
| 1000 | 7 | Conditions, if gave rise to cause (a) stati lying couse lo: | immediate ng the <u>under</u> st. | (b) | AS A CO | NSEQUENCE NSEQUENCE | OF | E DR CONDITIO | N GIVEN IN PAI | RT 1 (a), | | | | | | |
| | CERTIFICATION | 19a. DATE OF OPE | RATION | 196 CONDI | TION FOR | WHICH OPE | RATION W | 'AS PERFOR | MED? | | 8 | | | 20. AUT | | по П |
| | CAL CERTI | 210. EXTERNAL CA UNDERLYING X CONTRIBUTING | XOR | DEATH ? P.M | MONTH | 1 DAY YEA | R 32 SI | ubject | | | URE OF INJURY | IN ITEM 1B I | PART 1 OR PA | | - A-A | МОЦ |
| | MEDICAL | 214 INJURY OCCU WHILE NO AT WORK AT | | 21e PLACE STREET, FACE | OF INJUR' TORY, FARM, OUSE | | 100 | CATION STREET 218 CL | lver | | iller | | | | | STATE |
| 10 | | 220. I certify the death resulted from ACTUAL SIGNATURE | | ge of the remains de rol causes , | Accident | | Autor | , Hami | PECIFY) sistar | Undeter | Inquiry E | er , | DATE SIGN | 2. | o.,Mc -15-8 | |
| 1356 2 | 720 0 | EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION | | ginia L. | | NAME OF CE | | ADDRESS_ | | Pen 123d LOC | n Str | eet | | | | |
| | (| Burial UNERAL DIRECTOR | | 2/17/82 | | edar Hi | | | | Sui | tland | | P. | G. | Md. | 3 |
| | | LINIED AL DIDECTOD | | | | | | | | | POICED IN T | OCL DEC | ICTD AD/C | CHALLATION | | |

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| | - STATE REGISTRAR | DEPA | CERTIFICATE | | REG. NO. |) 5 0 | 8 / |
|---|----------------------------------|--------------------------|--------------------|-------------------|--------------------------------|-----------------|---------------------|
| | 1. DECEASED NAME FIRST | WIDDLE | LAST | | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| | Edwa | rd James McE | VOY, Sr. | | February 3, 1 | 982 | 5:01 a _M |
| | 3. SEX | 4 RACE | 5. DATE OF BIRTH | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | MALE | WHITE | AUG. | 1 1903 | 78 YRS | MONTHS DATS | HOURS MIN. |
| j | A BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? | EVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH | |
| 1 | BALTO MARYLAND | | WIDOWED | DIVORCED | Prince Geor | rge's | MD. |
| " | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | RSING HOME OR OTHE | R INSTITUTION | 120 USUAL OCCUPATION | | F BUSINESS OR |
| 2 | Lanham | Doctors Hosp | ital of Pr. | Geo. Co. | RESTAURANT | FOOD | IN DUSTR |
| d | 130. STATE 13b. COUN | | EFORE ADMISSION) | | 13e STREET ADDRESS | | |
| 7 | | EGEO. GO. SEABRO | | | 9507WELLINE | TONST | - |
| | 14 FATHER'S NAME | | 15 MO | THER'S MAIDEN NAM | | | |
| | JAMES MCEYO | MIDDLE LAST | SZ | RAH | HOFFI | NAN | r |
| | 160 WAS DECEASED EVER IN U.S. AR | | ECURITY NO. 17 INF | ORMANT 9567 | WELLINGTON ST | - SEABRO | DH MA |

| | WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES GIVE W | | EDWARD | JAMES , | MC ENVOZ | I dR. |
|---------------|--|---|-------------------------|----------------------------|--|---------------------------------|
| | 18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. | British and the second | Engly sem | 4_ | APPROXIM- BETWEEN O | NATE INTERVAL MSET AND DEATH |
| NOI | PART 2 OTHER SIGNIFICANT CON COUPLINE H | NOTIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | minal disease or con | DITION GIVEN IN PART 110 | |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 70a AUTOPSY? YES NOW | 206. IF YES, WERE FINDING IN CERTIFYING CAUSES (| |
| _ | 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c HOW INJURY OCCUR | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART 1 OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM_ETC.) | 211 LOCATION STREET | CITY OR TO | wn county | STATE |

NOT WHILE

COUNTY STATE

22a. I certify that (1) (this hospital) attended sow the deceosed olive on obove. (I) (we) (did) (did not) view the body ofter death

230. BURIAL, CREMATION, REMOVAL

ATTENDING PHYSICIAN

STAFF MEDICAL PHYSICIAN [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

George Ware, M.D.

no ADDRESS 143 00

23d. LOCATION CITY OR TOWN

BURIAL 24 FUNERAL DIRECTOR

FUNERAHOM

MD

231. NAME OF CEMETERY OR CREMATORY

ESTERN

DHMH - 16 50M 1/B1 (VRA 15, 4)

FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

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| | | | | | | STAT | E OF MARY | LAND | | | - | | |
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| | 1 - | FOR STATE REGISTRAR | | | DEP | ARTMENT OF I | ICATE OF | 110000 10000 0000 | GIENE | 3 4 85 NG NG | U | 5 | 3 3 |
| | I. DEC | EASED NAME F | IRST | , | MIDDLE | | AST | - | 20 DATE | OF DEATH | | AY YEAR | 2b HOUR |
| 1.77 | (TYPE | OR PRINT) | LTAM | Jar | nes | MCGE | FΗΔΝ | | | 0 | 2 0 | 8 82 | 11:35A.M. |
| | 3. SEX | | | RACE | | 5. DATE | OF BIRTH | 7 | 6. AGE (II | YEARS LAST BIRTH | IDAY) | IF UNDER I YE | AR IF UNDER 24 HRS |
| | | ale | | Caucas | | Dec. | 27, | 1901 | 80 | | YRS. | AONTHS DAY | |
| 多く | | THPLACE (STATE OR FOREMUNTRY) Penn. | GN 7 | U.S. | | RY? 8. MARRIE | | MARRIED DIVORCED | | ore city of | | OF DEATH | MD |
| QL. | | Y OR TOWN OF DEATH | | IF NOT IN SUC | H FACILITY, GIVE S | | | STITUTION | 12a. USU/ | AL OCCUPATION FOR FORMAL OF | ON | 12b. KIND INDUSTR | OF BUSINESS OR |
| 000 | USUA | inton L RESIDENCE (IF NURSING | | | | and Hos | pital | | Publ | 1cat | ons | P.3. | Govt. |
| BS | 13a. S | IATE IN | COUNT | Y | 13c CITY OR 1 | TOWN | YES 🗌 | CITY LIMITS? | Rt. | 2 B | ox 18 | 35-1 | |
| Ro | | HER'S NAME | MI | DOOLE | Geeha | n n | E11e | R'S MAIDEN NA FIRST | AME | WIDOLE | unava | ailab | tast |
| 100 | 16a W | AS DECEASED EVER IN | | ED FORCES? | | SECURITY NO | 17 INFORM | | | ADDRE: | SS | | |
| 12 | (1) | No or unknown) (IF | YES, GIVE V | WAR OR DATES) | 81-05 | -4199 | Ann M | ABTY R | udv. | 71 Ry | on Co | ourt | |
| 18 shows ony injury, or other troumatic eve | CERTIFICATION | Conditions, if any, w gove rise to immed couse (a), stating | MEDIATE hich liote the lost | DUE TO, O DUE TO, O (b) DUE TO, O (c) DINDITIONS CO | R AS A CONSI R AS A CONSI ARTE D DONTRIBUTING EV KE | ONGE OF RIOSCI | ERO NOT RELATE | TIC H | PRT FOR ALL DISE | ASE OR COND TOPSY? | EASE DITION GIV 20b. IF YES IN CERTIF YES | EN IN PART , WERE FIN YING CAUS | DINGS USED SES OF DEATH? NO |
| 9 | - | OR CONTRIBUTING CAU | SE OF DEATH | HOUR A. | M. MONTH | DAY YEAR | 71t. HOW | INJURY OCCU | KKED (ENIEK | NATURE OF INJUR | IT IN HEM 18, F. | ARI I ORPARI | () |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL E: 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | | 21e. PLACE | M. OF INJURY REET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCAT | TION | | CITY OR TOW | /N | COUNTY | STATE |
| 1 | | 220. I certify that (1) (the saw the deceased above, (1) (west did) 22b. SIGNATU | is hospito | 215 | (| E/ n | nd that in (m) | y) (our) opinion | , ta, ta | rred on the do | ete and have | | , that (I) (we) las the causes stated (TE SIGNED |
| | | 19 | X | rd | Um | | | | MEDICA DIRECTO | AL STAF OR PHYSIC | F IAN 🗆 | 2 | -18/82 |
| MPORTANT | | Gurbux Na | | | M.D. | | 220 ADDRI | Woody | ard F | d., C | linte | on, M | d. |
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| 77 | | NEDAL DIRECTOR | ral | Home, | Waldo | orf, Ma | arylaı | nd EB | 1113 | Y REGISTRAR | / | | |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Bertha Harris McGhee 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE "June 16.190B PRONOUNCED Emale White DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL North Carolina WIDOWED E DIVORCED Prince Georges AGES 1, 2, AND 3 TO THE FURTHER PM 3. RETAIN PAGE 5.1 AND 2 SHOULD BE FILED. A OF-VITAL RECORDS, 201 W 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Clinton 6422"HOTSESHOES Homemaker Hame USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Clinton Horseshoe Road arvland Geo YES W NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Walter G. Harris Elizabeth Wade 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 79409ssMarlboro Pike (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Fred Forestville. MD McGhee 18. CAUSE OF DEATH (Enter only one cause per limit on (a), (b), and (c) F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D NL, CREMATION, OR REMOVAL. law the clarkes vooca PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, If any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? PRIOR TO BURIAL, 8 YES 🗔 REDED TO THE CHORD BE USED SHOULD BE USED SHOULD BE USED SHOWN TO THE DEPARTMENT OF THE USED SHOWN TO THE USED SHOWN TO THE USED SHOWN TO THE USED SHOWN TO THE USED SHOWN NO P 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR VRITING THE MEDICAL P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 11f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK described above, held an 22a. I certify that I taak charge of the remain; Inspection and in my apinian Suicide Hamicide death resulted fram Undetermined manner TILE (SPECIFY) Deputy 2 DATE THE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P ADDRES 5009 Rayburn Court, Temple Hills, Md. . Rodriguez, M.D. 23d. LOCATION Buitland, 198 Cedar Hill Cem. BP 24 FUNERAL DIRECTOR 256 REGISTRAN SIGNATURE 25a. DATE REC'D. BY REGISTRAR Funeral Home, Lee **DHMH-17** (VRA15 ME (50) 6 Alexander Ferry Rd.. Clinton. 15M 2/80

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) Mary Lillian McKay SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Female MONTH MONTHS DAYS HQUR5 Cau. April 11.1901 80 70. BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. PRINCE GEORGE'S WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION B CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLINTON SOUTHERN MARYLAND HOSPITAL Hostess Hotel JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 136. CITY OR TOWN 13a STATE 13. STREET ADDRESS 16305 Village Drive, West Maryland P.G. Upper Marlboro 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE puo Theodore Suzy Stone Dean 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Poges (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 579-07-5838 Ruth M. Brent same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line of io), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 206 IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d CERTIFYING CAUSES OF DEATH? per Mental Hygiene NON NOF 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE

23b. DATE

211 LOCATION

19 2 - ond that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

STAFF

22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on.

22a.1 certify that (1) (this haspital) attended the deceased from

obove, (1) (me) (did) (did not) view the body ofter death

22e ADDRESS

Clinton, Maryland

ATTENDING

23d. LOCATION

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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PC

DIRECTOR:

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MPORTANT.

MEDIC.

Burial

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

27E SIGNATURE

2-27-82

23c NAME OF CEMETERY OR CREMATORY Resurrection Cem.

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

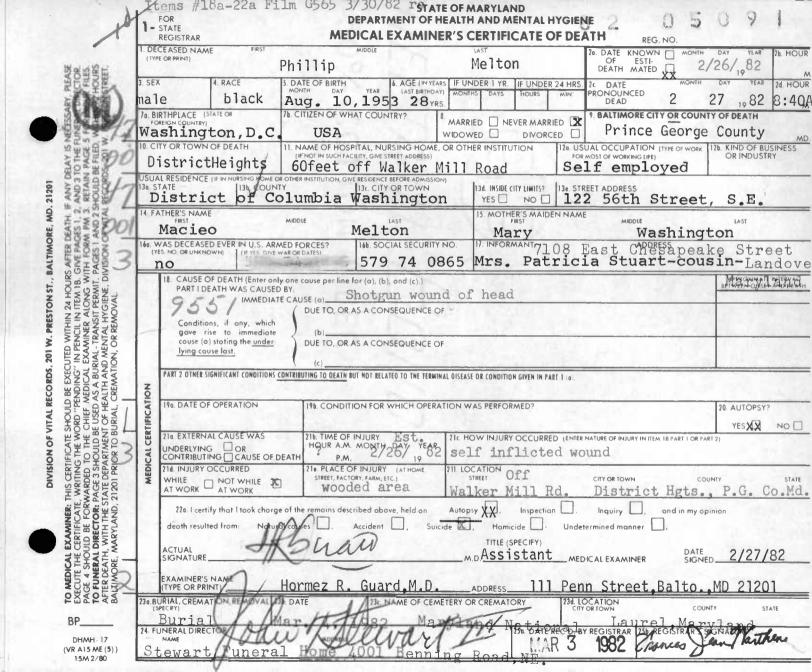
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Huntt Funeral Home, Waldorf, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME 2a DATE KNOWN Zb. HOUR (TYPE OR PRINT) OF ESTI-2, AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 201 W. PRESTON STREET, DEATH MATED KATE 1982 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 11:00 LAST BIRTHDAY) PRONOUNCED FEMALE WHITE 4-23-05 DEAD 76 YRS Th. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Alabama United WIDOWED DIVORCED Stated ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY 12108 OLD COLONY DRIVE UPPER MARLBORO Home 13a STATE 13b. COUNTPrince 13c CITY OR TOWDper 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [Marvland George NO X 12108 Old Colony Drive Marlboro BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI NT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BURIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, FIRST MIDDLE FIRST MIDDLE LAST Hollingsworth C. Susan Thomas Whitney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 423-18-2610B No Don Merkl. Same as 13 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ARTERIOSCLEROTIC CARDIOVASCITAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WOR STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described obove, held an Autopsy Inspection Inquiry 12 Natural causes K death resulted from: Undetermined monner TITLE (SPECIFY) DATE 2-24-82 MEDICAL EXAMINER 5009 RAYBURN CT. CAMP SPRINGS, MD. EXAMINER'S NAME AUGUSTO P RODRIGUEZ (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Feb. Dry Valley Baptist Church Cemetery 23d. LOCATION STATE AR 1 1987 Burial 26, 1982 BP 24 FUNERAL DIRECTOR Ives Funeral Home DHMH-17 VR A15 ME (5) 2847 Wilson Blvd., Arlington, VA 22201 15M 2/80

AUGUSTO P PERPETE ALD. SUNS SAYSUSS OT CAMP SPRINGS, NO.

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5 DATE OF BIRTH

MONTH

Dec.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IS MOTHER'S MAIDEN NAME

REG. NO 2a. DATE OF DEATH 26 HOUR 82 :45A 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS MIN. **BALTIMORE CITY OR COUNTY OF DEATH** PRINCE GEORGE'S COUNTY

ELDRED 3 SEX 4 RACE MALE To. BIRTHPLACE STATE OF FOREIGN

Caucasian 76 CITIZEN OF WHAT COUNTRY? States

MIDDLE

MARRIEDX NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTHERN MARYLAND HOSPITAL

YES |

9,

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Farmer 13d INSIDE CITY LIMITS?

13e STREET ADDRESS Rt. #2, Box 82

MIDDLE

1241058s

USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 134 CITY OR TOWN Alabama Talladega 4. FATHER'S NAME

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CERTIFICATION

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O CITY OR TOWN OF DEATH

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MIDDLE G.

IMMEDIATE CAUSE

Merkle 166 SOCIAL SECURITY NO.

13c. CITY OR TOWN

Lincoln

17. INFORMANT

Matilda

Hall

Old Colony Dr.

INDUSTRY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) No

PART I. DEATH WAS CAUSED BY

423-18-2610 Albert Merkle, Upper Marlboro, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH

126. KIND OF BUSINESS OR

Self-empl.

Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

DUE TO, OR AS A-CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE

Negative Bacterius

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| 21a. ACCIDENT WAS UNDERLYING |
|--------------------------------------|
| OR CONTRIBUTING CAUSE OF DEATH |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| 21d INJURY OCCURRED |

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

NOV 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2)

CITY OR TOWN

200 AUTOPSY?

YES [NO I

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an. obove, (1) (we) (did) (did nat) view the body after death

., and that in (my) (our) opinian death accurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

PHYSICIAN 22e. ADDRESS

DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN 02/02

Burial

23b. DATEFebru-

ary 4,1982

0905 230 NAME OF CEMETERY OR CREMATORY Dry Valley Bapt-List Church Cem.

23d. LOCATION

BP.

IMPORTANT

24 FUNERAL DIRECTOR Ives Funeral Home DHMH-16 50M 7/77 (VRA 15(4))

22b. SIGNATURE

2847 Wilson Blvd., Arlington, VA 22201

Lincoln, Alabama STATE

STATE

BY, REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

| DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. JOSEPH E. MONELL JOSEPH J |
|--|
| 1. DECEASED NAME |
| JOSEPH E. MONELL DEATH MATED 2 18 19 82 3. SEX 4. RACE NOMEN DAY YEAR MONTH DAY YEAR MONTH DAY YEAR NOMEN DAY |
| 3. SEX 4. RACE S. DATE OF BIRTH MONTH DAY YEAR PRONCOUNCED 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George 110. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IVENIAL RESIDENCE IF ANNOWED WORK OR OTHER RESIDENCE BEFORE ADMISSION! II. STATE II. STATE II. STATE II. STATE II. STATE III. S |
| Male Negro Dec. 29 1933 48 YRS. The SIRTHPHACE (STATE OR FOREIGN COUNTRY) The COUNTRY |
| 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) 130. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) 130. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) 130. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR MOST OF WORKING IFF) OR INDUSTRY 130. CITY OR TOWN OF DEATH 130. COUNTY OF DEATH 130. CITY OR TOWN OR INDUSTRY OR INDUSTRY 130. CITY OR TOWN OR INDUSTRY OR INDUSTRY 130. STATE 130. CITY OR TOWN 130. CITY OR TOWN 130. CITY OR TOWN 130. STATE 130. |
| Virgin Islands USA |
| Cheverly Conditions, if any, which gove rise to immediate cause (a) but to, or as a consequence of Conditions, if any, which gove rise to immediate cause (a) but to, or as a consequence of Cheverly Conditions, if any, which gove rise to immediate cause (a) stating the under-lying cause last. Cheverly Cheverly Cheverly Cheverly Cheverly Cheverly Cheverly Cheverly Cheverly Conditions, if any, which gove rise to immediate cause (b) Conditions, if any, which gove rise to immediate cause (b) Conditions, if any, which gove rise to immediate cause (b) Conditions, if any, which gove rise to immediate cause (c) stating the under-lying cause last. Cheverly Chev |
| USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 131. CITY OR TOWN Landover 132. LAST 133. MODIE 134. FATHER'S NAME 135. MODIE 135. MODIE 136. STREET ADDRESS 1909 Belle Haven Dr. 137. INFORMANT 138. MIDDLE 148. FATHER'S MAIDEN NAME 158. FREST 159. SARA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 158. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 158. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 159. PART 1 DEATH WAS CAUSED BY: 169. CAUSE (a) Hypertensive cardiovascular disease 169. DUE TO, OR AS A CONSEQUENCE OF 169. UNITED ADDRESS 179. INFORMANT 189. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 189. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 199. DUE TO, OR AS A CONSEQUENCE OF 199. DUE TO, OR AS A CONSEQUENCE |
| 13c. CITY OR TOWN Landover 13d. INSIDE (ITY LIMITS? YES NO 1909 Belle Haven Dr. 13d. INSIDE (ITY LIMITS? YES NO 1909 Belle Haven Dr. 13d. INSIDE (ITY LIMITS? YES NO 1909 Belle Haven Dr. 15d. MOTHER'S MAIDEN NAME FIRST 15d. MOTHER'S MAIDEN NAME 15d. MOTHER'S MA |
| Jose Monell Sarah Frederick 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: UMMEDIATE CAUSE (a) Hypertensive cardiovascular disease APPROXIMATE II APPROXIMATE II BETWEEN ONSET, APPROXIMATE II BETWEEN ONSET, APPROXIMATE II APPROXIMATE II BETWEEN ONSET, BETWEEN ONSET, APPROXIMATE II BETWEEN ONSET, BETWEEN ONSET, BETWEEN ONSET, BETWEEN ONSET, APPROXIMATE II BETWEEN ONSET, BETWEE |
| Jose Monell Sarah Frederick 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: Under the second of the second o |
| 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH WAS CAUSED BY: WAS CAUSED BY: WAS OF DEATH WAS CAUSED BY: |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) Hypertensive cardiovascular disease (b) Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) |
| PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). |
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| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) |
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| Diabetes mellitus 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21b EXTERNAL CAUSE WAS 21b TIME OF INJURY. |
| 196 DATE OF OPERATION 1976. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY. |
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| 21g EXTERNAL CALISE WAS 21h TIME OF INTURY |
| 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY LOR PART 2) LOR PART 2 OR PART 2 OR PART 2 OR PART 2) UNDERLYING OR LOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| CONTRIBUTING CAUSE OF DEATH P.M. 19 |
| UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITYOR TOWN COUNTY |
| WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY |
| 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion |
| death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner , |
| 1 TITLE (SPECIEY) |
| ACTUAL SIGNATURE MEDICAL EXAMINER DATE 2/18/19 |
| |
| EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Court, Camp Springs, |
| 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STAIL |
| Burial 2/24/82 Memorial Cemetery St. Croix Virgin |
| G.P. kalas 6160 Oxon Hill Rd. Oxon Hill, Md. FEB 23 1982 Frances Supress Supre |
| I G.F. Kalas blb0 Oron Hill Rd. Oron Hill Md. LDZ.5 1982 X. \\ Oron |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-8 LAWRENCE NEESON 19 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH SEX IF UNDER 24 HRS DATE 5 FOR YOUR F WITHIN 72 HC V. PRESTON STE LAST BIRTHDAY RONOUNCED 30 O PEAR 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. X Pennsylvania WIDOWED [DIVORCED PRINCE GEORGES 3. RETAIN PAGES F SHOULD BE FILED, W AL RECORDS, 201 W. D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Director Of Sales U.S. Laurel HOSPITAL USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a, STATE 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Prince Georde Maryland Laure NO X 13407 Finsbury Ct. Apt 18. GIVE PAGES 1, 2, A 5. WITH FORM PM 3. R AIT. PAGES 1 AND 2 SH E, DIVISION ŒVITAL RI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST John Neeson Marie Pope 3201 Taylor Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) P7-22-3/20 Baltimore, Md. NO Neeson ALONG W 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH HIEF MEDICAL EXAMINER ALONG VISED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CHIEF JLD BE USED YES NO F BU OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR 10 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TE PLACE OF INJURY (AT HOME. PR 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STATISTIONORE, MARYLAND, 2 22a. I certify that I toak charge of the remains described above, held an Autopsy Inspection and in my opinian Accident Homicide Undetermined manner deoth resulted from: Natural couses TITLE (SPECIFY) DATE M.D. Deputy MEDICAL EXAMINER 5009 Rayburn Court, Temple Hills, Md. EXAMINER'S NAME Augusto . Rodriguez, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) COUNTY 4.82 Burial Feb Cemetary tory Laurel P.C. 24 FUNERAL DIRECTOR *Pleck Laurel Funeral Home Inc. 7601 Sandy Spring Rd. Laurel Md Marth-**DHMH-17** 199 (VR A15 ME (5)) 20707 15M2/80

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-MICHAEL NEWMAN DEATH MATED 2 1982 SEX 4. RACE 5. DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE 24 HOUR LAST BIRTHDAY PRONOLINCED 6:25 DEAD 1982 70. BIRTHPLACE (STATE OR 1962 19 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX Virginia DIVORCED WIDOWED Prince George's County

12a USUAL OCCUPATION (TYPE OF WORK 1/28. KIND OF BUSINESS IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE)
unemployed Prince George's Gen. Hosp. Cheverly (DOA) none 1328 Constitution Ave. N.E. Washington 13d. INSIDE CITY LIMITS? YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Marcellus Newman FIRS1 Bumbrey Sarah Porter T. PAGES 1 DIVISION O 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES. NO. OR UNKNOWN) 579-90-6314 Sarah M. Porter 1328 Constitution Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL PART I DEATH WAS CAUSED BY Cranio-cerebral injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION USED / 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NT OF HE BURIAL, YES X NO [EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARNAAND, 21201 PRIOR TO BUI 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3: 15 KM 2-4-Passenger in auto/fixed object impact 1982 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21L LOCATION STREET, FACTORY, FARM ETC.) WHILE AT WORK Street Prince George's Beaver Hahts road Md. 220 I certify that I taak charge of the remains described above, held an and in my apinian Accident X death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 2-4-82 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE Burial 2-8-82 Ebenezer B.C. Cemetery Lianum BP 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR 756 REGISTRAR'S SIGNATURE **DHMH-17** Wm.C.Brown Community F.H. 1206 W. North Ave. (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

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| | REGISTRAR | | | CEKHIP | ICATE OF DEATH | REG. N | 0 | | | |
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| N | MALE | CAU | | NOV | | 43 | YRS | MONTHS DAY | HOURS | MIN |
| 7a 8 | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D & NEVER MARRIED | 9 BALTIMORE CITY | | Y OF DEATH | | |
| TH | ENNESSEE | USA | | WIDOWE | | PRINCE GEO | RCE | S COUNT | Y | MD. |
| 10 0 | CITY OR TOWN OF DEATH | | | IG HOME C | OR OTHER INSTITUTION | 12a. USUAL OCCUPAT | ION | 12b. KIND | OF BUSINES | |
| AN | NDREWS AFB | | GROW USA | | ICAL CENTER | SECURITY | JF WORKING I | | TARY | |
| Ust | JAL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | 111111 | IMIL | |
| | IRGINIA PRINC | | M WOODBR | | 13d. INSIDE CITY LIMITS? YES NO X | 13e. STREET ADDRESS 14410 FILA | RETE | ST | | |
| 14.F | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NAM | ME | HILLI | | | |
| | WEYMOUTH E | MIDDLE | PALMER | | MARY | MIDDLE | | | RTER | |
| | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | SS | | ODBRID | CE |
| YE | | VE WAR OR DATES) | 412-58-0 | 488 | GLADYS PALME | R 14410 FTI | APETI | | VA | /GE |
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| NO O | 98 31 | | | | | | | | | |
| CERTIFICATION | 190. DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | ES, WERE FINE | | |
| TE | | | | | | YES THE NOT | | IFYING CAUS | NO 🗆 | 17 |
| E. E. | 21a. ACCIDENT WAS UNDERLYING | 216. TIME O | | | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | | | | |
| ¥ | OR CONTRIBUTING CAUSE OF DEA | | | YEAR | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | | | c Country | | |
| Σ | WHILE NOT WHILE AT WORK | (AT HOME, STR | EET, FACTORY, OFFICE, FA | ARM, ETC) | STREET | CITY OR TO | WN | COUNTY | STA | LTE. |
| 15 | 22a I certify that (I) (this hospi | tol) ottended the | e deceosed from_ | FEB | 15 19 82 | FEB | 19 | . 19 82 | _, that (I) (we | e) lost |
| | sow the deceased alive on above (1) (we) (did) (did no | | | 82 or | nd that in (my) (our) opinion o | death occurred on the d | ote and ha | our and from t | he couses state | ed |
| | TTE SIGNATURE | n new me body | oner deom. | | DEGREE | | | 27c. DA | TE SIGNED | |
| | (telen) Na | and Mo | | | ATTENDING PHYSICIAN | MEDICAL STAI | | | | |
| 1 | THE PHYSICIAN'S NAME INTO | e-west) | | of the | 220 ADDRESS MALCO | LM GROW USA | F MEI | DICAL C | ENTER | |
| | PETER NIGRO, C | APT, US | AF, MC | | ANDRE | WS AFB MD 2 | | | | |
| 23a | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c N | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | | |
| | Burial | Feb. 24 | . 1982 A | Arling | ton National | Arling | gton, | cowir | ginia sta | TE |

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MPORTANT: If hem 21 is

^{24 FUNERALD} CUffiningham Mountcastle Fn. Hm. 13318 Occoquan Road Woodbridge, VA 22191

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 1982 Tances

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| eooth eoth | | CEASED NAME FIRST DOPO | | Jean Jane PE | LAST CARSON | REG. NO. 20 DATE OF DEATH MONTH February | 8, 1982 3:00p M | | | |
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| (NA) | 3 SE | × 'emale | 4 RACE White | | E OF BIRTH pt. 29, 1931 | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. | | | |
| leoth in 72 | | RTHPLACE (STATE OR FOREIG | u.S.A | WIDO | RIED NEVER MARRIED WED DIVORCED | Prince Geor | INTY OF DEATH | | | |
| by the fulled with filled with | I | ITY OR TOWN OF DEATH | | | | 120 USUAL OCCUPATION S (School) Bus WORK | Ph. GND County OR INDUSTRY School System | | | |
| y filled in should be er must be | Ma | | ince Geo. | GIVE RESIDENCE BEFORE ADMISSION GREENBELT | YES 🔭 NO 🗌 | 13e SIRFET ADDRESS dge | Road | | | |
| ed within pletely and 2 s | 14 FA | Albert | MIDDLE | Rhodes | Frances | ME MIDDLE | Unknown | | | |
| n ond co | 16a V | WAS DECEASED EVER IN U. | S. ARMED FORCES? ES, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO 579 42 0560 | | n Same As #13 | (Husband) | | | |
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| requires that the resigned by the Then please re or to burial, cremingry, or other | NOI | underlying couse los | (c) | ? thebal | aneurysm | MINAL DISEASE OR CONDITION | NGIVEN IN PART 100 | | | |
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| ATTENDING PHYSICIAN: The low ospital or ottending physician. ECTOR, After this certificate has be of for use as the burial-transit permit of Health and Mental Hygiene prism 21 is marked or frem 18 shows on m 21 is marked | | PART 2 OTHER SIGNIFICATION 2 - 6 - 8 2 110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAMINED.) | ANT CONDITIONS CO IPP COND IS 21b. TIME O HOUR A. WININER) P. 21e. PLACE (141 HOME STR | DNTRIBUTING TO DEATH B ITION FOR WHICH OPERAT IF INJURY M. MONTH DAY YEA M. 14 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) e deceosed from 2 | UT NOT RELATED TO THE TERM TION WAS PERFORMED Chebrel Broad 1216 HOW INJURY OCCUR AR 711 LOCATION LINE -6 82, 19 | TO 200 AUTOPSY? 200 IN CI | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO MAIN HART 10 PART 10 PART 10 STATE 19 State Not (I) (we) lost thour and from the couses stated 122c DATE SIGNED | | | |
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| 5 | M | RTHPLACE ISTATE COUNTS ARYLAND | | U. S | | MARRIE | D D | MARRIED | 9 BALTIMORE Prince | | | | MD. |
| 6 | | or town of d | | Souther | HOSPITAL, NURSI THE MARY IS TO MARY I | | | | 120 USUAL OC | | | 126 KIND O | HOME |
| 5 | MA | RYLAND | PROUC | OTHER INSTITUTION, | DISTURION HEIGHT | RE ADMISSION) | 13d. INSIDE O | NO 🗌 | 13: SIREET AD 2100 | ROCHE: | LLE | AVE | |
| 0 | | JOHN | | ANCIS | THOM | | 15 MOTHER | S MAIDEN NA | IA ' | ANN | | BEAT | |
| | 1.4 | VAS DECEASED EVE YES NO OR UNKNOWN) NO | | WED FORCES? | 166 SOCIAL SEC | URITY NO | LOUI | | BELL-U | ostso pper | ffic MarJ | ce Bo lboro | x 35 |
| | NOI | Conditions, if ar gave rise to it cause (a), sto underlying cau | my, which mmediate ting the use last. | (b) | R AS A CONSEOU BAS A CONSEQUENCE | JENCE OF Lich Jence of O Re | eno | naj | | Lasto L. R. CONDITION | | IN PART 100 | |
| 2 | CERTIFICATION | 210. ACCIDENT WAS U | 0-82 | Cler 216. TIME O | F INJURY | ma. | BALL | mach | 200 AUTOPS YES N RED (ENTER NATUR | IN C | YES [| | GS USED OF DEATH? NO |
| 7 | MEDICAL | OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY AT WORK | DICAL EXAMINER | P./ 21e PLACE (| | 19 | 21f LOCATION STREET | | c | ITY OR TOWN | | COUNTY | STATE |
| | | saw the dece obove, (h) (we) 22b. SIGNATORE | osed alive an. | 0 1 1 .0 | 1 1 19 | 12 , on | d that in (my) | , 19 (our) apinion (| death occurred o | in the date and | , 19_ I haur an | _ | |
| | | M. F | NAME ITYPE OF | aleg | licen | , M | D. | | MEDICAL DIRECTOR | STAFF PHYSICIAN |] | 2-1 | 0-82 |
| | | Mohamme | | | | 40 | | | Ave., H | illcres | t Hg | gts, M | d. |
| | | URIAL, CREMATION | N, REMOVAL | 23b DATE 2/13/ | /82 R1 | NAME OF C | EMETERY OR | CREMATORY N CEM | 23d LOCATIO | MUM (D. | n G8 | 2441 a 1 | MT) ^{TE} |

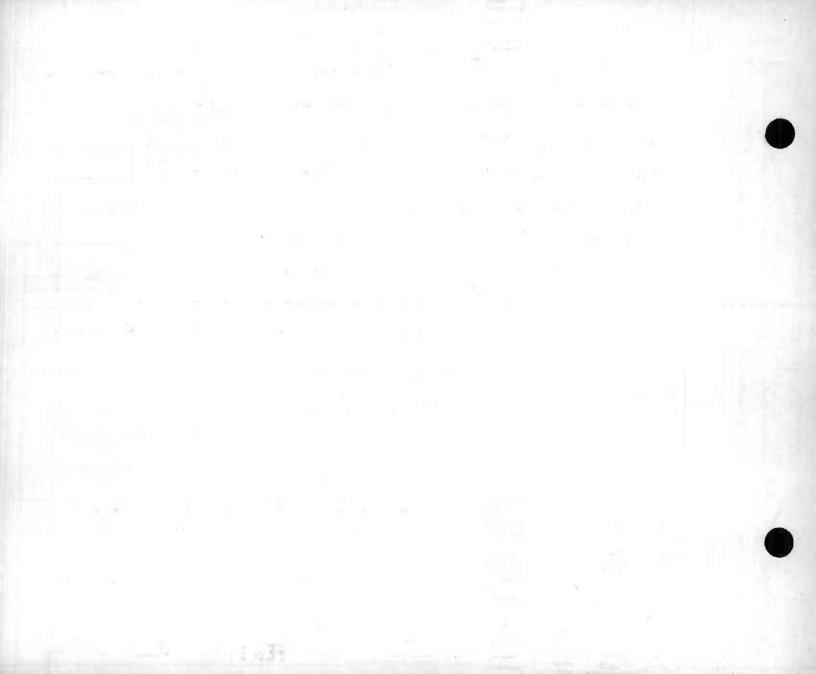
-UPPER MARLBORO, MARYLAND 20772:

DHMH - 16 50M 1/B1 (VRA 15, 4)

PUNERAL HOME OLEMAN

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2001 . IS STORE . I POS TENE WHO I WE THE STORE . AVIIO DATE OF THE PROPERTY OF THE PR ENA MARINOS COIS X TELEVISION & COSTANT CHATTER To make the second of the seco The state of the s The late of the state of the st :2 The state of th



| | 1 - | FOR STATE REGISTRAR | | | DEPART | MENT OF H | E OF MARYL EALTH AND ICATE OF | MENTAL HYG | | EG. NO. | 0 5 | | ນ ລຸ |
|--------------------------------------|---------------|--|--|--|---|--------------------------|-------------------------------------|--------------------|--|---------------------------|------------|--|-------------------------------------|
| | | CEASED NAME E OR PRINT) ELM | FIRST | | Townley | D | cike | RAL | 20 DATE OF DE | | 6 | VEAR 82 | 10,20 M |
| | 3. SE | X | | 4 RACE | 548.5 | 5. DATE C | | YEAR | 6. AGE (IN YEARS | . / | MONTH | DER I YEAR | IF UNDER 24 HRS |
| | | MALE | | Caucas | | Jan. | | 1918 | 6 | 4 1 | | | |
| 86 | Me | IRTHPLACE (STATE OR FO COUNTRY) Bryland | | U.S | | WIDOWE | | NORCED [| 9. BALTIMORE C | E GEORG | | | TY MD. |
| 86 | (| ITY OR TOWN OF DEA | Tar i | SOLTTHERN | OSPITAL, NURSII FFACILITY, GIVE STREET MARYLAN | ADDRESS) | | TITUTION | 120. USUALOCC (TYPE OF WORK FOR Mech. | UPATION MOST OF WORKIN | G LIFE) IN | THE POPULATION OF THE POPULATI | FBUATERS R |
| 36 | Ma: | ryland | 13b. COUN | OTHER INSTITUTION | GIVE RESIDENCE BEFOR 13c. CITY OR TOV ACCOKE | RE ADMISSION) | 13d. INSIDE (| NO 📉 | 13e STREET ADD 16311 | | Mann | ing | Road |
| 60 | 1 | ATHER'S NAME FIRST | L | | Pickere | | Mag | | M | | P | icke | eral |
| e medica | | WAS DECEASED EVER YES NO OR UNKNOWN) Yes | | WAR OR DATES | 166 SOCIAL SECT | | Clar | | ickeral | Same | 88 | | |
| injury, or amer traumone event, r | NOI | 18. CAUSE OF DEATH PART I. DEATH W. A DO Conditions, if ony, gove rise to imm couse tol, storing underlying couse | which edicte the lost. | DBY: E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c) | AS A CONSEQU | diog ence of intra | cerel NOT RELATED | d dra | in the block or | CONDITION | GIVEN IN | | MATE INTERVAL MASET AND DEATH |
| 2 | CERTIFICATION | 190. DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHICH | OPERATIO | | | | IN CE | RTIFYING | | GS USED OF DEATH? NO |
| COL ILLEGII 71 IS MOLYGO OF HEM 10 S | MEDICAL CE | 21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION 21d INJURY OCCURR WHILE NOTWIND AT WORK NOTWIND AT WORK 220.1 certify that (II) saw the decease above, (II) (we) (d 22b. SIGNATUR 22d PHYSICIA | AUSE OF DEA AL EXAMINER ED LE | P.A. 21e. PLACE C (AT HOME, STRE | A. MONTH D A. OF INJURY SET, FACTORY, OFFICE, deceased from | FARM, ETC.) | 21f LOCATI STREE | 19 Journ pinion | RED (ENTER NATURE CIT , to death occurred on MEDICAL DIRECTOR P | Y OR TOWN the date and | . 19 | 00NTY | STATE that (I) we ast couses stated |
| T L | | DA | 7 | LALDA | K | | Ut | gallo | wille | ma | | | |
| | - (| BURIAL, CRE TION I (SPECIFY) Burial | REMOVAL | 23b. DATE 2-9-8 | | | H111 | Cem. | 23d. LOCATION CITY OF TO | and | P.G | | Md. |
| | H | UNERAL DIRECTOR UNTER FUNE | eral | Home U | Jaldorf | , Mar | yland | 25a. DAT | ED 1 4 . | QQ2 | SISTRAR'S | SIGNATI | Marian |

DHMH-16 30M 2/80 (VRA 15, 4)

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USD GR - G Lass Your vernier sends The state of the s Mary] and HRYA BELT Meet. Landaner Fanulect. headkeek 16311 set Hampino Gend . . . The bracky sad Pickers! Paggie W. Fickers! in valaba out 2 1578-07-6229 Cinra 1. Fickerol Same as time Mil Franco marked and had 2-9-82 Lener Mill Len. Suitland B.G. Ma. 182700 Huntt Sureral Home welders, heryland 24 6

| 5 | 1. | FOR STATE REGISTRAR | | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 2 | 0 | 5 1 | 0 5 |
|--|---------------|--|-----------------------------|--------------------------------|---|------------|---|---|-------------------------------------|----------------------------------|----------------------|
| e 64 | | CEASED NAME | 'RANK | W | MIDDLE | | DRASKY | 20 DATE OF DEATH | | | 2b HOUR |
| y be ge 3 death | 3 SE | | MAINI | 4. RACE | | 5 DATE C | | February | | | 1:07 R |
| (1) | | âle | | Caucasi | an | Aug. | DAY SYEAR | 83 | YRS. | UNDER I YEAR | IF UNDER 24 HRS |
| 1 194 | | IRTHPLACE (STATE OR | | 76 CITIZEN OF | WHAT COUNTRY? | B. | D NEVER MARRIED | 9 BALTIMORE CITY O | | OF DEATH | |
| 5 5 | P | ennsylvani | | U.S. | | WIDOWE | DE DIVORCED | Prince Ge | eorge' | s Cou | inty MD. |
| by the tilled with | C1 | TY OR TOWN OF DE Linton | | southe | rn Mary | rand | Hospital | 120 USUAL OCCUPATION OF WORK FOR WOST OF STEEL WORK | ON F WORKING LIFE) ker | 126. KIND OI INDUSTRY Stee | BUSINESS OR |
| rely filled in 2 should be in | M | al residence (IF NUR STATE aryland | 13b COUN P.G | | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Camp Spr | | 13d INSIDE CITY LIMITS? YES NO 🔀 | 13. STREET ADDRESS 7216 Winc | hester | Drive | |
| completely I and 2 sh | | Paul | | AIDDLE | Podrask | У | 15. MOTHER'S MAIDEN NA/ | WIDDLE | | Bezil | la |
| n ond co | | VAS DECEASED EVER YES NO OR UNKNOWN) NO | | MED FORCES? | 196-09-1 | | IT INFORMANT Edward F. Po | drasky/son/ | | s 13 | |
| equires that the death certing in signed by the ottending in Then please remove carbon in to burial, cremation, arrest injury, or other troumatic ev | NOI | Conditions, if ony gove rise to im couse (a), stofic underlying couse | which mediate and the last. | DUE TO, O (b) DUE TO, O (c) | AS ACONSEQUE R AS A CONSEQUE | CISA O | . (| | DITION GIVER | 36 | ns |
| The low recion. te has been sit permit. greene prior | CERTIFICATION | 19a. DATE OF OPERA | TION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, YIN CERTIFYI | WERE FINDIN | GS USED OF DEATH? |
| SICIAN: The ng physician certificate h rial-transit pental Hygier frem 18 show | | 210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED | CAUSE OF DEA | | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | PED (ENTER NATURE OF INJUR | Y IN ITEM 18, PAR | I OR PART 2) | |
| JG PHYS offendin ter this of is the bur h ond Me | MEDICAL | 21d. INJURY OCCUR | HILE [| 21e. PLACE (AT HOME, STR | OF INJURY REET, FACTORY, OFFICE, F. | ARM, ETC) | 21f LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| rat OR ATTENDIN y the haspitol or tal DIRECTOR. Ad detoched for use of Dept. of Healt | | 220.1 certify that (I) sow the access obove, (I) (we) (22b. SIGNATURE | ed plive on | 15 to | 10 | | d that ((my)) our) apinion of DEGREE ATTENDING PHYSICIAN (| depth occurred on the do | F | and from the c | IGNED |
| TO HOSPITA retained by TO FUNERAL should be de with the Stot | | | . We | stunp. | | | Chuten, | hung un. | Sun | natts 730 | Poad |
| BP | В | BURIAL, CREMATION, (SPECIFY) Urial | REMOVAL | | | | emetery or crematory ncis Cemetery | Johnstown | 2 Canb | COUNTY 20 | STATE Pa |
| DHMH - 16 50M 1/81 (VRA 15, 4) | 24 FU | UNERAL DIRECTOR Capit | tol Fu | neral S | ervice, F | airfa | x, Va. | REND. MOGISTICAL | SERVED N | R S SIGNATE | Me. |

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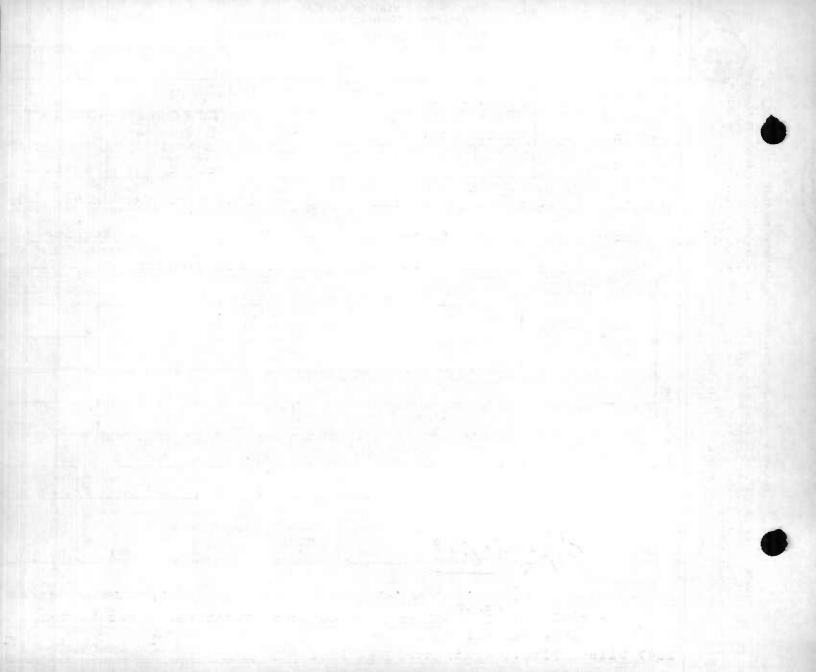
| | | CEASED NAME | FIRST | _ | WIDDLE | · · | AST | 20 DATE OF DEATH | MONTH (| DAY YEAR | 26. HOUR |
|---|-----------------------|--|--|--|--|------------------------------------|--|---|---|---|--|
| | | | John | | avid | | well | February | | 982 | 3:00P |
| 1 | 3 SE | x Male | | 4 RACE | lack | S DATE C | DAY YEAR | 48 | 7 | MONTHS DAYS | IF UNDER 24 H |
| 1 | | RTHPLACE (STATE OR F | FOREIGN | | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9. BALTIMORE CITY C | | | |
| DC | | TY OR TOWN OF DE | ATH | 11. NAME OF | HOSPITAL, NURSIN HEACILITY, GIVE STREET Pring Hil | ADDRESS) | OR OTHER INSTITUTION | Prince Geo 12a USUAL OCCUPAT 1TYPE OF WORK FOR MOST C Cab Drive | ION OF WORKING LIF | | F BUSINESS |
| 25 | 13e. 3 | AL RESIDENCE (IF NUR | ISING HOME OR | OTHER INSTITUTION | Greenbe | E ADMISSION) | 136. INSIDE CITY LIMITS? | 130. STREET ADDRESS 6213 Sprin | | | |
| 3 | | Collins | | | Powel ¹ | | 15 MOTHER'S MAIDEN NA Hester | ME MIDDLE | | Unknown | 1 |
| 13 | 160 V | WAS DECEASED EVER | | MED FORCES? WAR OR DATES! | 578 46 0 | | Anne T. Power | ADDRE | | | |
| oumotic event, the | | PART I. DEATH V | IMMEDIAT | E CAUSE (a) | R AS A CONSEQUE | ENCE OF | a scenoma & | of the color | | 2) | irs . |
| injury, ar ather troumatic | TION | Conditions, if any gave rise to im cause (a), stati underlying cause | , which mediate ng the e lost | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO | R AS A CONSEQUE | ENCE OF | NOT RELATED TO THE TERM | | | | |
| ws any injury, ar other troumatic | RTIFICATION | Conditions, if ony gave rise to im cause to stori underlying coust part 2 OTHER SIG | , which mediate ng the e lost | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO | R AS A CONSEQUE | ENCE OF | NOT RELATED TO THE TERM | 200 AUTOPSÝ? | 206. IF YES IN CERTIF | S, WERE FINDING CAUSES | NGS USED |
| 2 | ICAL CERTIFICATION | Conditions, if any gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [| IMMEDIAT /, which mediate ng the e lost NIFICANT C ATION ADDRIVING CAUSE OF DEA CALEXAMINER) | DUE TO, O DUE TO, O DUE TO, O (c) IPB. COND THE TIME O HOUR A. P. | R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH D M. | ENCE OF | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR | 200 AUTOPSÝ? | 206. IF YES IN CERTIF | S, WERE FINDING CAUSES | NGS USED OF DEATH? |
| or nem is shows only injury, or other troumotic | MEDICAL CERTIFICATION | Conditions, if any gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG | IMMEDIAT I, which imediate in the property of | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO 196 COND 196 COND 196 COND 197 PLACE | R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH D M. | DEATH BUT OPERATION AY YEAR | NOT RELATED TO THE TERM | 200 AUTOPSÝ? | 20b. IF YES IN CERTIF YES | S, WERE FINDING CAUSES | NGS USED OF DEATH? |
| 21 is marked ar Hem 18 shaws any injury, ar other troumatic | | Conditions, if ony gove rise to im cause (a), stoft underlying cause PART 2 OTHER SIG | IMMEDIAT /, which mediate ng the e lost NIFICANT C ATION ADERLYING CAUSE OF DEA CALEXAMINER; RED WHILE ORE | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO 196 COND 196 COND 196 COND 216 TIME CO HOUR A. P. 216 PLACE 1AT HOME, STI | R AS A CONSEQUE ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceased from | OPERATION AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR | 208 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITED OF | 206. IF YES IN CERTIFY YES | S, WERE FINDING CAUSES S ART I ORPART 2) COUNTY | NGS USED OF DEATH? NO STATE |
| is marked at Item 18 shows any injury, at other traumatic | | Conditions, if any gave rise to im cause 101, stati underlying cause PART 2 OTHER SIG 190 DATE OF OPERA OR CONTRIBUTING (IF ETHER, NOTHY MEDICAL WHILE ATWORK ATWORK ATWORK ATWORK 120. I certify that (I sow the decease of the cause of the c | IMMEDIAT /, which mediate ng the e lost INIFICANT CONTROL ATION ATION ADERLYING CAUSE OF DEA CALEXAMINER) RED //HILE COR ACION CONTROL ACION CONTRO | DUE TO, O (b) DUE TO, O (c) 196 CONDITIONS CO 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND 199 C | R AS A CONSEQUE ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceased from | OPERATION AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET d that in (mg) (our) apinion DEGREE ATTENDING PHYSICIAN | 208 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITED OF | 20b. IF YES IN CERTIFY YES | county 198 county r and from the | NGS USED OF DEATH? NO STATE that the (we) laccouses stated |
| 27 | | Conditions, if ony gove rise to im cause to stori underlying coust underlying coust underlying coust 19a. DATE OF OPERA 19a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTIFY MEDICAL WHILE NOT WAT WORK NOT WAT WORK 120. I certify that (I | IMMEDIAT I, which imediate in the property of | DUE TO, O (b) DUE TO, O (c) IPB COND IPB | R AS A CONSEQUE ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceased from | OPERATION AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l LOCATION STREET 19 0 d that in (mg) (our) apinion DEGREE ATTENDING | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TOV CITY OR TOV death accurred on the di MEDICAL STAL DIRECTOR PHYSIC | 20b. IF YES IN CERTIFY YES IN TIEM 18. PA | COUNTY 1900 22c. DATE | NGS USED OF DEATH? NO STATE that (we) laccouses stated SIGNED |

Total Part of manager Named Name of the Column lefo reserving the teacher of all place Coor ele County begaless review del for a smoot fill gainer 2120 discharge Constant III common to descript in American monifold normal figures north Till server Hove I seed 7 Th 10 ST

1 150 L. 15.000

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Juneau ... Juneau Junea The same of the sa those Centers of A. A. T. . C. G. , notypiness Maryland Fr. Capric Porcet Califity & . 827 dade 5t. Junes B. Prather, Sr. Jane Yes 10-1-17 Total Company is a contract to the leading of the contract to the 9105 Mooduard Md., Olimbon, Barriard THE PROPERTY OF THE PARTY Service Committee Committe CHOR LEVENUE CHALLEN . CONTOR 6100 (Non 1110 Me., Over Mini, Me.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HYO | GIENE 8 2 | NO. |) 5 | 10 |
|---|---------------|---|--|-----------------|---------------------------------------|---------------|---|--------------------------|-----------------|----------------------|----------------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | l | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| ñ | (1176 | OK PRINT) | ELIZA | BETH H | ELEN | PRO | CTOR | | 02-1 | 9-82 | 11:55PM |
| | 3. SEX | X | | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST ! | IRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | | male | | Black | | July | | 65 | YRS. | MONTHS DAYS | HOURS MIN. |
| , | 7a Bi | RTHPLACE ISTATE | OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| 5 | Ma | ruland | | U.S.A | | WIDOWE | | PRINCE (| SEORGE | 15 | MD. |
| 1 | 10 CI | TY OR TOWN OF D | DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPA | | 12b. KIND O | F BUSINESS OR |
| 4 | | CHEVERLY | | PRINCE | GEORGE'S | GENE | RAL HOSPITAL | Housewife | | IFE) INDUSTRY | |
| 1 | 13a. S | AL RESIDENCE (IF N | 13b COU | | 13c. CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | |
| 7 | M. | | Princ | e Georg | es Upper | Marl. | YES 📆 NO 🗌 | 518 Church | Road | | |
| | 14 FA | THER'S NAME FIRST | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | WE | | 145 | , |
| C | | William | n | | Harley | | Mary | E. | | Proct | or |
| | | VAS DECEASED EV | | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDI | RESS | oon Daid | RD |
| | | - Ma | (" '65, 6" | e was on Dates) | 216-74-2 | 2884 | Thomas H. Pi | roctor Day | idson | een Brid ville, M | in |
| | | Conditions, if o gove rise to couse (a), sto | I WAS CAUSE IMMEDIA' ony, which immediate | DUE TO, O | RAS A CONSEQUE | bre nce of | e mjes | facture | | BETWEEN | MATE INTERVAL PASET AND DEATH |
| | | underlying coi | use lost | (c)_ | | | | | | 1100 | General Paris |
| | NO | PART 2. OTHER SI | GNIFICANT (| C Peru | ontributing to b | Lur | NOT RELATED TO THE TERM | AINAL DISEASE OR COI | NDITION GI | VEN IN PART 110 | 11 |
| 2 | CERTIFICATION | 19a DATE OF OPE | RATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | YES NO | IN CERT | S, WERE FINDIN | IGS USED OF DEATH? NO |
| 7 | | 210. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY M | CAUSE OF DEA | | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18. | PART 1 OR PART 2} | |
| | MEDICAL | 21d. INJURY OCCU | WHILE O | 21e PLACE (| OF INJURY EET, FACTORY, OFFICE, FA | in rici | ZII LOCATION | CITY OR 1 | OWN | COUNTY | STATE |
| | | 220. I certify that sow the dece 22b 15 Al 15 | ased alive an | 2-1 | 19 102 | | d that in (my) (our) apinion DEGREE ATTENDING | | date and ha | | |
| _ | | 1% PHYSICIAN'S | NAME (TYPE O | O Ma | 7. | | | PIRECTOR PHYS | | 11. | 20/82 |

230 BURIAL, CREMATION, REMOVAL 236 DATE 2/23/82 Burial BP.

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR Rollins Funeral Home, Inc.
4339 Hunt Place, N.E., Washington, D.C.

Mariboro Pike Marib

23d. LOCATION

CITY OR TOWN

TY Clinton Prince Georges

RY REGISTRAR TO REGISTRAR TO BEGISTRAR TO BEG

102-10-92 II:55FM ELIZAZETI MELERI PROCTORULE PRINCE GEOXGE'S CHIVERLY PRINCE GEORGE'S GENERAL HOSPITAL

| | | REGISTRAR | | | | CEICIT | TEATE OF DEATH | REG. N | О. | | |
|--------|---------------|---------------------------------------|-----------------|-----------------|--------------------|-------------------|-------------------------------|----------------------------------|-------------|---------------------|----------------------------------|
| 20 | | CEASED NAME | FIRST | | MIDDLE | | ISASI | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| 1 | | | JULIET | | М. | PURC | | | | 2 1982 | 2.23P. |
| 1 | 3 SE | X | 4. | RACE | | 5. DATE (| | 6. AGE (IN YEARS LAST BI | THDAY) | MONTHS DAYS | IF UNDER 24 HRS. |
| | | Female | | Whit | e | Sept | -1 | 62 | YRS | MOITING BATS | NOURS MIN. |
| 20 | | RTHPLACE (STATE OF | FOREIGN 76 | . CITIZEN OF | WHAT COUNT | RY? 8 | D MEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | 3/ 7 3/ |
| 35 | | aryland | | U.S. | Α. | WIDOW | | Prince Ge | orge's | County | JM \ |
| 74 | 10 CI | TY OR TOWN OF DE | ATH 11 | | HOSPITAL, NU | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | 126 KIND C | OF BUSINESS OR |
| 14 | C | HEVERLY | F | | GEORGE | | ERAL HOSPITAL | Housewife | | FEI INDUSTRY HOT | |
| 2 | U5U/ | AL RESIDENCE (IF NUR | | HER INSTITUTION | GIVE RESIDENCE B | EFORE ADMISSION) | | | | 1201 | |
| 15 | | ryland | P.G. | | Lanhan | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 5624 Whit: | 5 fe i 3 | Chenel | Pond |
| - mari | _ | THER'S NAME | | | 112450 | 4 | 15. MOTHER'S MAIDEN NA | | LCLU | Chaper | noau |
| 40 | | Erwin | P. | DOLE | Combs | | Eleanor | WIDDLE | | Delega | |
| 15 20 | 160. V | VAS DECEASED EVER | | ED FORCES? | | SECURITY NO. | 17 INFORMANT | M. ADDR | ESS | Robey | 7 |
| 1 | | ES, NO OR UNKNOWN) | (IF YES, GIVE V | VAR OR DATES) | | | | | | | " |
| 1 | | No | | ne | | 6-9947 | Russell Purc | ell (Husbar | nd) Sa | me as # | = 13. |
| | | 18. CAUSE OF DEAT PART I. DEATH V | TH (Enter only | one couse per | | | + | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | | IMMEDIATE | | MIOCA | BROIN | - INFARCTIO | N | | | |
| | | 517 | 2 | | | | | | | | |
| | | 2610 | | DUE TO, O | R AS A CONSE | | - + will | e- PULMOPAR | . 6.la | | |
| | | Conditions, if any gave rise to im | , which | (p) | L.e | SPIANT | ORY TAILUR | 6 - ANCHONAL | 1 Cae | МД | |
| | | couse (a), stati | ng the | DUE TO, O | R AS A CONSE | OUENCE OF | | | / | | |
| | | underlying cous | e lost. | (c) | BIL | e rea | MONITIS | | | | |
| | | PART 2 OTHER SIG | NIFICANT CO | NDITIONS C | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITIONGIV | EN IN PART 1 | 01 |
| | CERTIFICATION | | 1000 | | | | | | | | |
| 2 | CAT | 190 DATE OF OPERA | TION | - 1 | A . | ICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | S, WERE FINDIN | |
| d | F | 02 05 | 82 | BILE | Per | TONIT | 19 | YES NOK | | YING CAUSES | NO I |
| 1 | E S | 21a. ACCIDENT WAS U | DERLYING | 21b. TIME C | OF INJURY | | 21c. HOW INJURY OCCUR | | | | |
| 1 | | OR CONTRIBUTING | | | M. MONTH | | | F 7.914 | | | |
| | MEDICAL | 21d INJURY OCCUP | | | .M. OF INJURY | 19 | 211 LOCATION | | | | |
| | ME | WHILE NOT W | | (AT HOME ST | REET, FACTORY, OFF | FICE, FARM, ETC } | STREET | CITY OR TO |)WN | COUNTY | STATE |
| | | AT WORK AT WO | ORK U | | | | 1100 | | -0.7 | | |
| | | 220.1 certify that (I | |) ottended | ne deceased from | 37 | 1982 1982 | | 86 | 0 - | that (1) (we) last |
| | | saw the decea | | wew the hody | oftel death | 9 66 | nd that in (my) (our) opinion | death accurred on the d | ate and hou | r and I am the | couses stated |
| 7 | | 226. SIGN ATURE | | | 11110- | | DEGREE | | | 22c. DATE | SIGNED |
| | | Carlo | . Dos | ME | We |) | MD ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN [| 02/ | 22/82 |
| | | 22d. PHYSICIAN'S N | AME TTYPE OR A | RINT) | | | 122 ADDRESS | DIRECTOR PHTSK | IAIN [_] | 100 | -102 |
| | | CARLOS | 1 | POROL | 110 | | 5632 Annapot | . R1 45 F | Bumdon | huse M | 01805 |
| 4 | 20 | | | | ~~0 | | | | MONING | Trung FR | - 20110 |
| | 23a B | BURIAL, CREMATION SPECIFY) | | 236 DATE | | 731 NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| | | Burial | | Feb/25 | /82 | Cedar H | | Suitland | P.G. | Co. N | Maryland |
| | 24 FL | INERAL DIRECTOR | | | ADDRE | | 250 DAT | E REC'D. BY REGISTRA | | RAR'S SONAT | TURE |
| | O. | | | TT | AUDRE | 3 94 | FHR 4 | 5 10x7 / | Will y | anlast | Ser. |

Riverdale, Maryland FRB & 5 1982

FOR STATE

Chambers Funeral Home

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED ANDRE Q. REDRICK 82 SEX 4 RACE IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED :27 DEAD 82 9 TYRES male negro Mav Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington . D. USA WIDOWED [DIVORCED Prince George's County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) OURS AFTER DEATH. IF ANN DELA 18. GIVE PAGES 1, 2, AND 23. WITH FORM PM 3. RETAILL FM MIT. PAGES 1 AND 2. HOURD BETT IE, DIVISION OF WIAI RECORDS. None Prince George's Gen. Cheverly 13. STREET ADDRESS 13a. STATE 13d. INSIDE CITY LIMITS? Street. N.E. District of Columbia 14. EATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST LAST Whatley Del Redrick Rogers 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) Deloris Redrick-mother no 578-94-8823 APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. I CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, VATION, OR REMOVAL Cranial trauma IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION **USED AS** 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO [2 Ia EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING X OR MEDICAL 3:15xx Driver in auto/fixed object impact. CONTRIBUTING CAUSE OF DEATH 2Te PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, FARM, FIC.) WHILE AT WORK "S" Street road Beaver Hghts. Prince George Md. 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Accident X death resulted from Natural couses Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 2-4-82 SIGNATURE EXAMINER'S NAME Dixon. 111 Penn St Ann M. (TYPE OR PRINT) 23a BURIAL, CREMATION e b BP ME WELLER AND SHOULD SHARE 74 FUNERAL DIRECTO **DHMH-17** 4001 Benning Road (VR A15 ME (5)) Funeral 15M 2/80

innventey | Relined Secreto's Cen. Hosp. (1904) Sifter 2-4- 82 Briwer In actor/fixed object impact. read "E" Street Boaver Held's, Prince Seorge's .t2 mm8 (1) And Locin Time

| | DEATH REG. NO. | ENTAL HYGIENE | H AND MEN | AAENIT OF MEAI | | | | - |
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| MONTH DAY YEAR TO THE MONTH GAY THE MONTH GAY | Ze. DATE KNOWN W MONTH DAY | CATE OF DEATH | CERTIFICA | EXAMINER'S | | | R | T - STATE REGISTRAR |
| MONTH GAY NEAM TOLL | OF ESTI- | | oades | DI | MIDDLE | FIRST | AME Bet | DECEASED NA. |
| - 113 | 130014 | · | | 6. AGE (IN YEARS I | ATE OF BIRTH | | 4. RACE | SEX |
| 1h. 11, 10 F711 A | PRONOUNCED ELLI | HOURS MIN PRON | | 93 YRS. | b.21,1888 | e Fe | White | Female |
| OR COUNTY OF DEATH | 9 BALTIMORE CITY OR COUNTY OF DE | VER MARRIED 9 BAI | DIED NEVER | TPY2 8 | ITIZEN OF WHAT COL | 7b. € | (STATE OR | a BIRTHPLACE |
| rge's County MC | | | | | U.S.A. | | | Maryland |
| OF WORK 126 KINDLOF BUSINESS OR INDUSTRY | | | THER INSTITUTIO | | AME OF HOSPITAL, N | | VN OF DEATH | O CITY OR TOW |
| Ch. Parish | Housekeeper Ch. | tal . House | Hospit | 's Genera | ince Georg | Pr | U | Cheverly |
| · anh | STREFT ADDRESS | | 13d. INSIDE CITY I | ORTOWN | R IÑSTITÖTION, GIVE RESIDÊN | COUNTY | 1.5 | SUAL RESIDENC 30 STATE |
| 9 | 5003 54th. Ave. | NO 1 5003 5 | | ttsville | Ну | P.G. | | Maryland |
| LAST | MIDDLE L. | FIRST | FIRST | LAST | | MIDD | -TALE | FIRST |
| Smith Address Same as | | | Harri 17. INFORMA | phries | ORCES? 16b. SC | | | Lee |
| No# 13e. | | ur J. Donnel | Arthu | -44-0155 | | FYES, GIVE WAR OR | IKNOWN) {II | (YES, NO, OR UNK) |
| 20. AUTOPSY? | 20 AI | | | | (c) | one | ER SIGNIFICANT CI | PART 2 OTHER |
| PART I OR PART 2) | NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | OCCURRED (ENTER NATURE | HOW INJURY O | DAY YEAR | | | RNAL CAUSE | |
| COUNTY STATE | CITY OR TOWN COUNTY | CITY C | OCATION STREET | | 21e PLACE OF INJUR STREET, FACTORY, FARM | HILE | RY OCCURRED | CONTRIBU 21d. INJURY WHILE AT WORK |
| | Inquiry , and in my apinian | cide . Undetermine | psy , Ir , Hamicide | Suicide | ne remains described al | Natural cau | , | , death res |
| DATE SIGNED A 12/982 ILVER SPG., MD. COUNTY STATE | MINARY RD., SILVER SPO | MEDICAL E 1919 SEMINAR' ORY 131 LOCATIC CITY OR TOW | ADDRESS 19 | NAME OF CEMETER | the state of the s | AOVAL 23b. DA | YS NAME PRINT) MATION,REM | (TYPE OR P 3a. BURIAL, CREM (SPECIFY) |
| DATE SIGNED A 12/982 ILVER SPG., MD. COUNTY P.G. Maryland | MINARY RD., SILVER SPO | MEDICAL E 1919 SEMINAR' ORY 131 LOCATIC CITY OR TOW | ADDRESS 19 | | NTE 23c | AOVAL 23b. DA | PRINT) MATION, REN Burial | (TYPE OR P |
| | MEDICAL EXAMINER SIGNED | | M.D. D.a | Pors | (0) | tod | NE CONTRACTOR OF THE PARTY OF T | SIGNATUR |

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F. Gasch's Soms F.H. P.1. Bruthsville, Nd.

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P. C. Olaryland

notified of once

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | FOR STATE REGISTRAR | DEPARTM | ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | REG. NO | 05114 |
|----|--|--|--|------------------------------|---|
| J | DECEASED NAME FIRST | ANDRIE | LAST | | AONTH DAY YEAR 26 HOUR |
| iħ | Florence | Virginia | Richards | 2-3.82 | 525 04 |
| ч | SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTH | DAY) IF UNDER 1 YEAR IF UNDER 24 HRS |
| 4 | Female | Couponion | MONTH 7 1890- | .91 | MONTHS DAYS HOURS MIN. |
| J | 70'BIRTHPLACE (STATE OR FOREIGN | Caucasian Th. CITIZEN OF WHAT COUNTRY? | 8 | 9 BACTIMORE CITY OF | COUNTY OF DEATH |
| 4 | COUMPRIO | 11 6 0 | MARRIED NEVER MARRIED | D-1 | |
| 4 | Maryland IN CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | HOME OR OTHER INSTITUTION | Prince | N 12b. KIND OF BUSINESS OR |
| | 11 | (IF NOT IN SUCH FACILITY, GIVE STREET AT | DORESSI | (TYPE OF WORK FOR MOST OF | WORKING LIFE) INDUSTRY OWN home |
| 4 | USUAL RESIDENCE (IF NURSING HOME OR | OTHER INSTITUTION GIVE RESIDENCE RECORD | M. MOSE, | Lingsemil | e pun nome |
| а | 130 STATE 136 COUN | 11Y 13c CITY OR TOWN | 1 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | |
| | Maryland P. | G. Woper Ma | rlbdrö 🗆 🔞 | 13100 Fa | rm Road |
| 'n | | MIDDLE | 15 MOTHER'S MAIDEN NA FIRST | WIDDLE | EAST |
| 4 | MITITION | ckson Burch | Virginia | | Kidwell |
| 1 | (YES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | | ADDRES | 55 |
| L | | /A 212-56- | 0649 Blanche M | . Rawlings | Same as Line 13 |
| I | 18 CAUSE OF DEATH (Enter on | ly one couse per line for (a) b), and | ICI) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSEI | TE CAUSE (O) Rest | isatory fail | are | |
| 1 | 7 4860 | DUE TO, OR AS A CONSEQUEN | NCE OF | | THE TANK |
| 1 | Conditions, if ony, which | ((b) 1)1 | reuno ma | | Martin Transfer Transfer |
| Ţ | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUEN | NCE OF | | |
| 1 | underlying couse lost | (6) | | The fact the | |
| 1 | | ONDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR COND | ITION GIVEN IN PART 1(0) |
| | 2 recon | bitus alce | 2 | | |
| 2 | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH C | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| 1 | <u>, Ě</u> | | | YES NO | YES NO |
| 7 | 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | RED (ENTER NATURE OF HJURY | IN ITEM 18, PART 1 OR PART 2) |
| П | | HOUR A.M. MONTH DA' | Y YEAR | | |
| 1 | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | | |
| 1 | WHILE AT WORK AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FA | RM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| 8 | | the tended the deceased from | Jun 31 19 8 | 2.10 Feb. | 3, 19 82, that (1) (wo lost |
| 1 | sow the deceased alive on | F28 3 19 E | , and that in (my) (com) opinion | death occurred on the dat | te and hour and from the causes stated |
| 4 | obove, (I) (we) (did) (did no) 22b. SIGNATURE | yer the body ofter death. | DEGREE | | 22c. DATE SIGNED |
| | M | Ale 11 | ATTENDING | MEDICAL STAFF | |
| Н | 22d PHYSICIAN'S NAME AND CO | KINTI | 22e ADDRESS | | 11 -1 |
| П | H | 16 /66 INI |). 15/6/2/2/10 | TON COM! | 11 2 1 22 1 |
| - | 1/5/ | Town and | R 1/0 (0009 A) | AND KO, | NION, Md |
| | 230 BURIAL, CREMATION, REMOVAL (SPECIFY) | | AME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| - | Burial | 2-6-82 St. | Peter's Church | waldorf | Charles Md. |
| | 24. FUNERAL DIRECTOR | ADDRESS | | 1982 RAR | LOUTAL SENATURE |
| | Huntt Funeral | Home Waldorf, | Maryland | | |

DHMH-16 50M7/77 (VR A 15 (4))

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| | had basture | none welderf, | Puntt Funeral |

| PLE ASE CTOR. FILES. HOURS TREET, | 3. SEX | 4 RA | The state of the s | S. DATE OF BIRTH | OLEDGE RINE 6. AGE (IN YEARS IF U LAST BIRTHDAY) | INDER 1 YR. IF UNDER | DEATH M | MONTH | DAY YEAR |
|---|--|---|--|--|--|--|--|---------------------------------------|-----------------|
| 1 | MALE 7. BIRTHPLA WARY | CE (STATE OR | ITE | Nov. 4, 76. CITIZEN OF W | 1924 57 YRS. HAT COUNTRY? 8. MAR | RIED NEVER MARE | PRIED DEAD | Feb. 6 RECITY OF COUNTY CE GEORGES | Y OF DEATH |
| DELAY IS RE 3 TO THE IN PAGE D BE FILED RDS, 301 | | OWN OF DE | EATH | 11. NAME OF HO | SPITAL, NURSING HOME, OR OT ACRITY, GIVE STREET LODRESS! | | 120 PRINCE PATE FOR MOST OF WORKIN | TION (TYPE OF WORK | Office |
| AND AND HOUL RECO | USUAL RESIDE 130 STATE Maryl | 1 | 1136 COUNT | OTHER INSTITUTION, G | I 3c. CITY OR TOWN Lewisdale | 13d. INSIDE CITY LIMITS? YES NO | 2016 Amh | | |
| S 1, | 14 FATHER'S Bru | ce | | | Rinehart | 15. MOTHER'S MAID | MIDD | M | inor |
| , BALTIMORE, UURS AFTER DE B. GIVE PAGE: WITH FORM DIVISION OF | 160. WAS DE (YES, NO, O YES | CEASED EVE | R IN U.S. ARM | AED FORCES? | 166 SOCIAL SECURITY NO. 220 14 2650 | Jeanette | | Same as #1 | 3 (Wife) |
| PRESTON VITHIN 24 CIL IN ITEA INER ALOR TAL HYGIEN MOVAL. | | ave rise ta | immediate | (b)_ | eperation 1) ga | | | | |
| S T A | PART 2 | iuse (a) statin ing cause last | <u>†.</u> | ((c) P) | RAS A CONSEQUENCE OF | ogenic car | | | |
| S T A S E S | PART 2 | iuse (a) statin ing cause last | <u>1.</u> Int conditions <u>c</u> | (c) Po | ras a consequence of robable bronch | ogenic car | | | 20 AUTOPSY? YES |
| PISION OF VITAL RECUEDS, 301 W. ERTIFICATE SHOULD BE EXECUTED ING THE WORD "PENDING" IN PENDING THE CHE EXAM S HOULD BE USED AS A BURIAL'R SPARMENT OF HEALTH AND MEN'R RIOR TO BURIAL, CREMATION, OR REI | PART 2 PART 2 | OTHER SIGNIFICA ATE OF OPER CTERNAL CAL RIYING JURY OCCUI NO | RATION REWAS fi | DATRIBUTING TO DEATH 196. CONDI ed 216. TIME O | RAS A CONSEQUENCE OF POBABLE DE DE DE LE DE LE LES PER | ogenic car use or condition given in Pa was performed? | Cinoma ART 1 (g). ED LENTER NATURE OF INJURY MI TO | I'IN ITEM 18 PART I OR PART | YES 🗆 |
| ION OF VITAL RECORDS, 301 W. TIFICATE SHOULD BE EXECUTED V. THE WORD "PENDING" IN PEN TO THE CHIEF MEDICAL EXAM- HOULD BE USED AS A BURIAL-IN- ARTHAULD BE USED AS A BURIAL-IN- ARTHAUL OF HEALTH AND MEN. R. TO BURIAL, CREMATION, OR RE. | WEDICAL CERTIFICATION STORY MEDICAL CERTIFICATION STORY ALT AND STORY STO | TERNAL CAR RIYING RIBUTING JURY OCCUI | RATION REPART OF THE PROPERTY | ONTRIBUTING TO DEATH 19b. CONDI 21b. TIME O HOUR A.A. 21e PLACE STREET, FAC | RAS A CONSEQUENCE OF TODADLE DEPONDENT OF THE TERMINAL DISEASE OF THE TERMINAL | WAS PERFORMED? WAS PERFORMED? HOW INJURY OCCURRING STREET HON STREET HON STREET HON TITLE (SPECIFY) M.D. Deputy | CINOMA ART 1 (g). ED LENTER NATURE OF INJURY MICRO OR TOWN | and in my apie er , DATE SIGNED | YES . ML, nian |

| e lettery | THE RESERVE | SYLE SABLE | STEDLING C | |
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| x x x 2/7/82 | Deputy 3000 | korriguez, h.D. | × | Buri a J |

| | 1 - | FOR STATE REGISTRAR | | | DEPART | MENT OF HI | OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH | GIENE | 8 2 REG. NO. | () | 5 | 1 6 |
|----|-----------------------|--|--|---|---|-------------------------------------|--|--------------------------|------------------------------|--------------------------------------|--|--|
| | | CEASED NAME | FIRST | A | MIDDLE | LA | AST . | 2a. DATE | OF DEATH MONT | H DA | Y YEAR | 2b. HOUR |
| | live | OR PRINT) | Ernest | | S. | Ro | binson | Febr | uary 16, | 198 | 2 | 6:30A, |
| 1 | 3. SE | | 4.1 | RACE | | S DATE O | 12, OAY 1893 AR | | YEARS LAST BIRTHOAY) | | UNDER I YEAR | IF UNDER 24 HRS |
| | 7- 81 | Male RTHPLACE ISTATE OR | | | hite WHAT COUNTRY? | OCT. | 12, 1893 | | ORE CITY OR CO | YRS | | |
| - | | nnessee | | U.S.A. | | MARRIED | NEVER MARRIED | | ce Georg | | | MC |
| 4 | | TY OR TOWN OF DE | | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | al Hospital | 12a USUA | LOCCUPATION | | | F BUSINESS OR |
| 5 | 13a S | AL RESIDENCE (IF NUI TATE ryland | 13b COUNTY Prince | | GIVE RESIDENCE BEFORE 136 CITY OR TOWN Hyattsv: | N I | 134 INSIDE CITY LIMITS? | 136819 | Decatur | Str | eet | |
| 4 | 14. FA | Charles | Edwar | ď | Robinson | | Sally | ME | MIDDLE | Le | itchfö | rd |
| | Ióa V | YAS DECEASED EVE | R IN U.S. ARME | | 215 52 8 | | Inez P. Rob | inson | Same as | #13 | (Wif | e) |
| | | Conditions, if an | | DUE TO, OF | R AS CONSEQUI | roll | un to lea | | | | | |
| 07 | CATION | gove rise to im couse (0), stoti underlying couse PART 2 OTHER SIG | ing the se lost | NDITIONS CO | ONTRIBUTING TO I | DEATH BUT I | NOT RELATED TO THE TERM | AINAL DISEA | TOPSY? 20h | IF YES, Y | WERE FINDIN | IGS USED |
| 2 | CERTIFICATION | cause (a), state underlying caus PART 2 OTHER SIG | GNIFICANT CON | NDITIONS CC | ONTRIBUTING TO I | DEATH BUT I | | 200 AU | TOPSY? 20h | IF YES, Y CERTIFYI YES | WERE FINDIN | IGS USED |
| 29 | MEDICAL CERTIFICATION | Cause (01, state underlying cause part 2 OTHER SIG | ATION DERLYING CAUSE OF GEATH CALEXAMINER) | 10 CONDI 196 CONDI 216. TIME O HOUR A.I 216. PLACE (| DNTRIBUTING TO I | OPERATION AY YEAR 19 | WAS PERFORMED | 200 AU | TOPSY? 20h | IF YES, Y CERTIFYI YES | WERE FINDIN | IGS USED OF DEATH? |
| 29 | | Cause (01, state underlying cause) PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (I) ETIMER, NOTIFY MEDI 21d INJURY OCCUI WHILE NOTIFY ATW 22a.1 certify that (1) sow the decea | ATION NDERLYING CAUSE OF OEATH ICAL EXAMINER) RRED WHILE CORRES ORK | 16) NDITIONS CO | ONTRIBUTING TO I | OPERATION AY YEAR 19 FARM, ETC.) | 211 LOCATION STREET d that in (my) (2004) opinion | ZOO AU YES RED (ENTER 1 | NO NO NATURE OF INJURY IN IT | . IF YES, YES CERTIFYI YES | WERE FINDING CAUSES T I OR PART 2) COUNTY | STATE |
| 29 | | Cause 101, state underlying caus PART 2 OTHER SIG 19a DATE OF OPER/ 21a. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER, NOTHY MED) 21d INJURY OCCUI WHILE NOT NATWORK [12a.1 certify that (50w the deced | ATION DERLYING CAUSE OF OCATH ICAL EXAMINER) RRED WHITE CORK I) (this hospital) sed alive on cold (did not) v | 10 DITIONS CO | DNTRIBUTING TO I | OPERATION AY YEAR 19 FARM, ETC.) | 211 LOCATION STREET 211 INTEREST OPINION DEGREE | ZOO AU YES RED (ENTER I | NO NO NATURE OF INJURY IN IT | LIF YES, CERTIFYI YES | WERE FIND IN ING CAUSES T I OR PART 2) COUNTY and from the cause of | IGS USED OF DEATH? NO STATE |
| 27 | | Cause (01, staft underlying caus (17) anderlying caus (18) and (18 | ATION NDERLYING (CAUSE OF OEATH ICAL EXAMINER) RRED WHILE (The hospital) NAME (The OR PR | 196 CONDI 216. TIME O HOUR A.I 216. PLACE ((AT HOME, STR 196 body | DNTRIBUTING TO I | OPERATION AY YEAR 19 FARM, ETC.) | 211 LOCATION STREET 211 tocation (my) (mac) opinion DEGREE ATTENDING PHYSICIAN | RED (ENTER I | NO STAFF R PHYSICIAN | IF YES, YES CERTIFYI YES TEM 18, PAR | COUNTY COUNTY 27c DATE COUNTY | STATE that (1) (40) lost couses stated SIGNED 6,1982 |

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| 0 | 11- | STATE REGISTRAR | | | ME | | MENT OF | | | | | Car | | U : |) ; | | 1 |
| | I. DE | CEASED NAME | FIRST | | | WIDDLE | | | LAST | | | | REG | _ | ITH DAY | Y YEAR | 75 HOUR |
| 3 - ` | (TYP | E OR PRINT) | MARGAI |) CT | | | | | | | | OF | ESTI- MATED | X | | 19 00 | |
| W. PRESTON STREET, | 3. SE) | | 1. RACE | 5. DATE | OF BIRTH | | 6 AGE (IN) | | | IF UNDER | | 2c. DATE | | 2_2 MON | H DAY | | 2d HOUR |
| | Fi | EMALE | BLACK | 2- | 28-38 | YEAR | LAST BIRTH | YRS. | DAYS | HOURS | MIN. | DO A EAD | NCED | 2-28 | 3 | 1982 | 18;10 |
| 22 | 7a BI | RTHPLACE (ST | TATE OR | | | HAT COU | VTRY? | 8. MARR | ED NEV | VER MARRI | ED 🗍 | 9 BALTIM | ORE CIT | Y OR CO | JNTY OF | | |
| $\overline{\Sigma}$ | V | irgini | | | S.A. | | | WIDOW | | DIVORC | | | | GEOR | | | MD. |
| 74 | Ch | everly | , | PR | INCE | GEOR | IRSING HOA STREET ADDRESS RGES GL | ENERAL | | | FOR A | AL OCCU | RKING LIFE) | (TYPE OF WO | 2K 12b. K | (IND OF BU OR INDUSTE | SINESS RY |
| 17 | 13a S | | (IF IN NURSING NOM | LUMB | | 13c. CIT | e BEFORE ADMIS Y OR TOWN hingt | , | 13d INSIDE CI | TY LIMITS? | | EET ADDRE | ESS | St S | E. | | |
| 10 | 14. FA | THER'S NAME | | MIDDLE | | | LAST | | 15. MOTHE | R'S MAIDE | NNAME | | AIDDLE | | | LAST | |
| 1 | | James | | Henr | | | Long | | Har | nnah | | | | | anks | | |
| 2 | 16a. V | AS DECEASES, NO, OR UNKNO | , | VE WAR OR DA | CES? | | CIAL SECUR | | 17 INFORM | | | | ADDR | | | | |
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| | | lying cau | se last. | | (c) | | | | | | | | | | | | |
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| 3 | MEDICAL CERTIFICATION | UNDERLYING | OR | | | M. MONTH | DAY YEA | AR ZIG HO | OW INJURY | OCCURRE | DIENTERN | ATURE OF IN. | JURY IN ITEA | A 18 PART I O | ₹PART 2) | | |
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| | WE | WHILE AT WORK | NOT WHILE AT WORK | | STREET, FAC | TORY, FARM, I | ETC.) | | TREET | | | CITY OR TO | WN | | COUNTY | | STATE |
| 2 | 10 | 22a. I certif | y that I taak cho | irge of the r | 10 | scribed abo | ave, held an | Autap | у 🔲. | Inspectiar | X . | Inquiry | X . | and in my | apınıan | | |
| | | death resulte | ed fram: Na | tural causes | · C. | Accident | J. S | vicide | , Hamici | | Undete | ermined mo | nner _ | J. | | | |
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STATE OF MARYLAND

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| 7 | 11- | FOR STATE REGISTRAR | | ME | | | | ERTIFICATE | | THE | REG. NO. | 5 | 2 1 | A |
| | 1. DE | EASED NAME | FIRST | | WIDDLE | | | LAST | | | | MONTH [| DAY YEAR | 26. HOUR |
| hi. | (TYP | E OR PRINT) | Wilbe | rt | | | R | ollins | | | STI- | | 2,1982 | |
| REET, | 3. SE) | | 4. RACE | 5. DATE OF BIRTH | | 6. AGE IN YE | | | | 2c. DATE | N | HTMON | DAY YEAR | 2d. HQUB |
| 1 | 13.5 | Male | Black | Aug. 8.1 | 909 | 72 YE | 711-07-11 | HS DAYS HOURS | MIN. | PRONOUNCE! DEAD | Feb. | . 2 | , 1982 | 3:AM |
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| 1 | 10. CI | TY OR TOWN C | OF DEATH | | | URSING HOME | , OR OTH | ER INSTITUTION | | AL OCCUPATI | | WORK 126 | OR INDUST | SINESS |
| _ | Mt | | | | 36th | St. | # 20 | 01 | DRT | VER | | _ l | JNKNOWN | |
| 6 | 13a. S | TATE | 13b. COUN | | 13c. CIT | YORTOWN | | 13d. INSIDE CITY LIMITS? | | ET ADDRESS | | | | |
| 1 | | Md. | | P.G. | Mt. | Raini | er | YES NO [| | 104 36 | th St | t. | | |
| 1 | | THER'S NAME VILL ROL | LLINS | WIDDLE | | LAST | | IS MOTHER'S MAID | EE RO | LLINS | | | LAST | |
| | I Y | S, NO, OR UNKNOV | EVER IN U.S. AR | MED FORCES? WAR OR DATES) | | CIAL SECURIT | | 17. INFORMANT | NT ADDRESS | | | | | |
| | | 10 | | | 577 | 7-18-20 | 97 | Gladys I | Rolli | ns-Sa | me as | s # | 13 ab | ove |
| CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5:3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, PERRAKARIAT OF HEALTH AND MAENTAL HYGIENE, DIVISION OF WIAL RECORDS, 201 WITH PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | gave rise cause (a) : lying caus | s, it any, which to immediate stating the <u>under-</u> e last. | (c) | RAS A CO | NSEQUENCE O | sea: | | | | | | | |
| | NOIL | | | | | | | L DISEASE OR CONDITION GIVEN IN PART 1 (0). | | | | | | |
| 2 | CERTIFICATION | 19a DATE OF | OPERATION | 196 COND | ITION FOR | R WHICH OPER | ation w | 'AS PERFORMED? | | | | | 20. AUTOPSY? | NO 🔀 |
| 1 | | 21a EXTERNAL UNDERLYING CONTRIBUTIN | CAUSE WAS OR IG CAUSE OF | 21b. TIME O HOUR A.A DEATH P.A | M. MONTH | H DAY YEAR | | OW INJURY OCCURR | ED (ENTERN | IATURE OF INJURY I | N ITEM 18 PART | T I OR PART 2 | | |
| | MEDICAL | 214 INJURY OF WHILE AT WORK | NOT WHILE C | 21e PLACE STREET, FAC | OF INJUR | | | CATION | | CITY OR TOWN | 1 | COUNT | Υ | STATE |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DEFETOR: PAGE 3 SHOULD BE USE AFTER DEPARTH, WITH THE STATE DEPARTMENT OF HEALTHWORE, MARYLAND, 21201 PRIOR TO BURIAL | | 22a. I certify death resulte ACTUAL SIGNATURE | | ge of the remains de ral causes . | Accident | | Autap | , Inspection, Hamicide , TITLE (SPECIFY) | Undete | Inquiry Exermined manne | r 🔲, | DATE SIGNED | Feb.2 | 1982 |
| ALTIMO | - | EXAMINER'S N (TYPE OR PRIN | T) Pruse | | odrig | udz, 6. | б. | 5009 R | | n Cour | t, Ten | nple | | |
| BA | () | URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE | | | | | | | | | | ATE | | |
| | 24 51 | BURIAL 2-6-82 HARMONY NATIONAL PARK LANDOVER, MARYLAND | | | | | | | | | | | | |
|) | | NAME VA | WW & WIL | LIAM , .48 | M , ABO4 GA. AVE., NW., WASH. D. C. P. B. D. REGISTRAR 256. REGISTRAR 25 GNATURE | | | | | | | toris. | | |
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| DUPLICATE LX | | FOR | DEPARTI | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG | SIENE 8 2 0 | 5 1 2 0 |
|--|---------------|--|--|---|---|---|
| 1 | 1 | · STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| (BA) | | CEASED NAME FIRST OTTO | FRANCIS | ROEHRICH | 20. DATE OF DEATH MONTH Feb 1. | 4 1982 9:58 A |
| | 3. SE | x Male | 4 RACE White | 5. DATE OF BIRTH NOV. 28 1910 | 6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS. | FUNDER I YEAR FUNDER 24 HRS. |
| 1 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 7a B | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY | |
| 8 35 GP_ | 10.0 | New Jersey | USA | WIDOWED DIVORCED DIG HOME OR OTHER INSTITUTION | Prince George | S County MD. |
| s offi | | Lanham | Doctors Hosp | of Pr.Geo.Co. | TYPE O WORK FOR MOST OF WORKING LIFE | |
| filled in fould be | USU 13a | AL RESIDENCE (IF NURSING HOME OF STATE 138. COU IEW Jersey | R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130. CITY OR TOWN | ng 13d Inside City Limits? | 9A Betsy Ross | Lane |
| MARYLL mpletely and 2 sh | 14. F. | Frank | Roehrich | 15. MOTHER'S MAIDEN NA FIRST MARY | MIDDLE | Gyorfy |
| BALTIMORE, cate be execut appers. Poges 1 vol. | | MAS DECEASED EVER IN U.S. ALYES NO OR UNKNOWN) (IF YES G | RMED FORCES? 166 SOCIAL SECU W II 149 10 | | ngwell, Bowie, | |
| 10 W. PRESTON ST., that the death certification of by the other diagnostic cremation, or remains or other traumatic even | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUION OF TO, OR AS A CO | ENCE OF CANEUR | jarrest Jung | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| I RECORDS, on requir no. nos been sign permit. Then me prior to bh ws ony injury | CERTIFICATION | PART 2. OTHER SIGNIFICANT | | DEATH BUT NOT RELATED TO THE TERM | 200 AUTOPSY? 20b. IF YES IN CERTIF | WERE FINDINGS USED YING CAUSES OF DEATH? |
| N OF VITAL SICIAN: The ng physicia certificate I riol-transit ental Hygie frem 18 sho | | 218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE | ATH HOUR A.M. MONTH D. | AY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 P. | |
| DIVISION O DING PHYSICI or after this cert e as the buriol ofth and Mente | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| FENDI fol or or use i Heol | | 220.1 certify that (1) (this hosp saw the deceased alive a | n 19 attended the deceased from 19 attended the body after death. | , and that in (my) (our) apinion | death occurred an the date and hour | 19 , that (I) (we) last |
| OR he ho | | 226. SIGNATURE CRM | att | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 2/25/8 V |
| TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stote | | 22d. PHYSICIAN'S NAME (TYPE | ORPRINT) VATH M.D | 22. ADDDECC | LANT fox Ln. | Bowie MD. |
| P | 23a. | BURIAL, CREMATION, REMOVA (SPECIFY) Burial | | NAME OF CEMETERY OR CREMATORY Whiting Mem. Ce | m Whiting | New Jersey |
| DHMH-16 30M 2/80 (VRA 15, 4) | 1 | Weral DIRECTOR WANTE WAREL HOME | Janally 2500 | | R 1 1982 | RAI GIGNATURE TO |

CTTO FRANCIS RONHRICH Feb 14-1987-9:5H Maite Bov. 28 1910 - 11 New Jarsey USA County Lankan Poctors Hosp. of Pr. Geo. Co. Unirowal Co. Vainten. Dark New Jersey Whiting M Of Betay Ross Lane 13 -015 Pronk Poeirioh Narv Yes W II 149 10 3338 Prances Longuell, Bowie, Mc. The same and a second of the same from from CONTRACTOR MADE CAN AND A STANDARD CONTRACTOR Burial Peh 17-1982 Whiting Yer. Cem. Whiting Wew Jersey When the May will all the sales sales at the sales

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Old Alexander Ferry Rd.. Clinton.

(VRA 15 (4))

STATE OF MARYLAND

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Chambers Funeral Home Riverdale, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

hard property of the contract the state of the s TREE BASELLE ALBORNIANTE ASSOCIATION SERVICES STANS The second secon AND THE OWN WARMS SHOULD SERVED THE SERVEN T

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | 2 | 0 | 5 | 1 | 2 | 3 |
|---|----------|---|---|---|---|---|
| | REG. NO. | | | | | |

| 11 | | REGISTRAR | | | CERTI | FICATE OF DEAT | H | REG. N | 10. | , | |
|---|---------------|---|-------------------------------|--|--|------------------------------------|----------------|---------------------|---------------|-----------------|----------------------|
| | | CEASED NAME | FIRST | MIODLE | | LAST | 2a. D | ATE OF DEATH | MONTH | OAY YEAR | 2b HOUR |
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| | | ale | | Caucasian | May | 1, 1912 | EAR 6 | 9 | YRS | MONTHS DAYS | HOURS MIN |
| 37 | | RTHPLACE (STATE OR | FOREIGN | U.S.A. | MARRIE WIDOW | NEVER MARRI | IED ' | LINCE GEO | _ | | 445 |
| Strikied (| 10. C | CLINTON | ATH | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SOUTHERN MAR) | URSING HOME | OR OTHER INSTITUTION | ON 12a. L | USUAL OCCUPAT | ION | 126. KIND O | PF BUSINESS OR |
| must be | 130 | AL RESIDENCE (# NUR STATE aryland | Pr. | OTHER INSTITUTION GIVE RESIDENCE | E BEFORE ADMISSION) | 13d INSIDE CITY LIA | MiTS? 13e. S | FIREET ADDRESS | Aver | | |
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| medicol | 16a \ | WAS DECEASED EVER YES, NO OR UNKNOWN) | | E WAR OR DATES) | SECURITY NO. | 17 INFORMANT | 100 | Same As | 1990 | 3 A-F | |
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| orked or Item 18 sho | MEDICAL CERTI | 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIWAT WORK AT WORK | CAUSE OF DEA | | 19 | 211. LOCATION STREET | | | RY IN ITEM IB | | NO |
| Hem 21 is mo | | sow the deceos | ed olive on | ob attended the deceased f | 19_82.0 | A6 , 19 , nd that in (my) (our) o | | | | - 1 | |
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| | E | BURIAL, CREMATION, Burial | F | ¢b. 9, 1982 | MD Ve | EMETERY OR CREMA | ATORY 23d | location Chelten | | | eo. STAND |
| 863 | 24 FL | Old Alexa | lee Fander | uneral Home Ferry Rd. | Inc. Clint | on, MD | 25a DATE REC'I | D. BY REGISTRAR | 25h BEGIS | TRAB'S SIGN | arch. |

DHMH - 16 50M 1/81 (VRA 15, 4) 6633

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| 6 | I. DEC | EASED NAME OR PRINT) | FIRST | | MIDDLE W. | KAMINER' | SALMON | | 20. | DATE KN | ESTI- | MONTH 2 | DAY | YEAR 19 82 | 2b. HOUI |
| / | 3. SEX | 4. R | RACE | 5. DATE OF BIRTH | | AGE (IN YEARS II | UNDER I YR. | IF UNDER | 24 HRS. 2c. | DATE | | MONTH | DAY | 19 8Z | 2d HOL |
| | ma | | hite | April 18 | 1929 | 52 YRS. | DAYS DAYS | HOURS | | ONOUNC! DE AD | | 2 | | 19 82 | 9:50 a |
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| 3 | | iverdale | | 11. NAME OF HO | SPITAL, NURS | HOSPI | | JTION | | OCCUPA | TION (TYPE O | OF WORK | 12b KIN OR | D OF BU INDUSTR | SINESS |
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| Ī | | THER'S NAME | 1 | WIDDLE | LAS | | 15. MOTH | IER'S MAIDE | | MIDD | | | | | |
| Ч | | lliam | | | Sal | mon | Sara | | | | | | Wood | | |
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| 6 |) | | hat I took chorg | e of the remains do | | , held an Au | topsy X, Hamin | Inspection | n 🔲 , | Inquiry E | ond er , | IN MY OP | inion | -12- | |
| 13 416 12 | | EXAMINER'S NA/ | ME An | n M. Dix | on, M.D |), | ADDRESS_ | | 11 Per | | | | | | |
| | 73a.BU | RIAL, CREMATIO | | | | ME OF CEMETER | | | 23d. LOCA | | | COUN | | ST | ATE |
| | | Buria NERAL DIRECTOR NAME Gasch's | R | 2-15-82 '.H. P.A. | | Lincol | | | Bren REC'D. BY RE | GISTRAR | | P.G | | | yland |

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STATE OF MARYLAND

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Chambers Funeral Home Riverdale, Maryland

FOR STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/B (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in should be detached for use as the burial-transit permit. Then please remave carbompapers. Pages 1 and 2 shauld be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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| 11. | FOR STATE | D | | ALTH AND MENTAL HY | GIENE 8 2 | 0 = |) { | ina 1 |
| | REGISTRAR | | CERTIFIC | CATE OF DEATH | REG. NO. | | | |
| | CEASED NAME FIRST | WIDDLE | LAS | 7 | 20 DATE OF DEATH MON | TH DAY | YEAR | 76 HOUR |
| | ALBE | RT 77. | SCH | AEFFER SR | 2 | 6 | 82 | 3:30a M |
| 3. SE | | 4 RACE | 5 DATE OF | BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY |) IF UNI | DERIYEAR | IF UNDER 24 HRS. |
| | Male | White | MONTH DF | C 13 1919 | 10 | YRS | DAYS | HOURS MIN |
| 7a. B | IRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COL | INTRY? 8 | V | 9 BALTIMORE CITY OR CO | | EATH | |
| W | ASHINGTON D.C. | . U.S.A. | WIDOWED | NEVER MARRIED | Prince Ged | rges | Cou | nty MD |
| | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME OR | OTHER INSTITUTION | 170 USUAL OCCUPATION | 12 | b. KIND OF | F BUSINESS OR |
| | Clinton | Southern | Maryland | Hospital | OWNER SCH | AEFFER | DUSTRY P | IANO CO |
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| | | 1 | | 34 INSIDECITY LIMITS? | 13e. STREET ADDRESS 825 BONIF | ANT ST | PEET | |
| 4 | ATHER'S NAME | • | 1 | 5 MOTHER'S MAIDEN NA | | MIVI 31 | KLLI | |
| | JOHN | | AEFFER | MARIE | MIDDLE | I | ROSS | |
| | WAS DECEASED EVER IN U.S | . ARMED FORCES? 166 SOCI | | 17 INFORMANT SOL | | | | D PLACE |
| (| | S. GIVE WAR OR DATES) WW TT 578 | -09-0060 | | CHAEFFER. JR. | | | |
| _ | | er only one cause per line for (a) | | ALDERI V. SI | JINCITCK, JK. | KLNSI | | MATE INTERVAL |
| | PART 1. DEATH WAS CA | USEĎ BY: | / A. An | 1 | | | BETWEENO | NSET AND DEATH |
| | 1/20 MME | DIATE CAUSE (0) | 700 | ment and | | | | |
| | Condition of | DUE TO, OR AS A COI | SEQUENCE OF | t, -t | ell cancer | | | |
| | Conditions, if any, which gove rise to immediate | | ne ran ya | mb oran c | and Commerce | | | |
| | couse (a), stating the underlying cause lost | | NSEQUENCE OF | | | 100 | | |
| | PART 2 OTHER SIGNIFICAL | NT CONDITIONS CONTRIBUTION | NG TO DEATH BUT N | OT BELATED TO THE TERA | AINIAL DISEASE OR CONDITIO | AL Chiffy at | DARY | |
| NO | | AT CONDITIONS <u>CONTINUOUS</u> | NO TO DEATH BOT IN | OT RELATED TO THE TERM | MINAL DISEASE OR CONDITIC | N GIVEN IN | PARI IIO | |
| CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATION | WAS PERFORMED | 20g AUTOPSY? 106 | IF YES, WEF | RE FINDIN | GS USED |
| LIFIC | | | | | VES D NOT IN | CERTIFYING YES | CAUSES | OF DEATH? |
| CER | 210 ACCIDENT WAS UNDERLYING | | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN IT | | R PART 21 | NO [|
| | OR CONTRIBUTING CAUSE OF | | IH DAY YEAR | | | | | |
| MEDICAL | 21d INJURY OCCURRED | AINER) P.M. 21e PLACE OF INJURY | 19 | III LOCATION | | | | |
| ¥ | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | STREET | CITY OR TOWN | , | YINUO | STATE |
| | 270 Certify the (I) this he | ospital) attended the leceosed | trom wo | P 10 8 | 1 2 ch | 6 . | 82 | |
| | | d no view the body after depth | 467 | that in (my) (our) pinion | death occurred on the date of | nd bour and | | hat (I) (we) that |
| | 776 SIGNATU | d not view the body after death | | GREE | | | to DATE & | NO SOLETO |
| | W. | 1-00% | m) | ATTENDING | MEDICAL STAFF | | 7/ | 4/47 |
| | 77d. PHYSICIAN'S NAME (1) | PE OR PRINT) | 1.6 | PHYSICIAN C | DIRECTOR PHYSICIAN | ^ | 4 | 000 |
| | NA | MAINAL | 1 12 | 1 0 | antion in | y | | |
| 22- 5 | T B 1 | DIALPIAN | | 4 gar | morey) | <u> </u> | | |
| 230. 6 | BURIAL, CREMATION, REMOV | | 23t NAME OF CEA | | 23d LOCATION | cou | NTY | STATE |
| 74 E | BURTAL UNERAL DIRECTOR | 2/9/82 | I GATE OF | HEAVEN | SILVER SPRI | NG_ | MONT | MO |
| 29 FL | NAME ERAL | CIS JSILVER ST | DRESS | 75a. DA | TE REC'D. BY REGISTRAR 256 F | EGISTRA | PIGNATA | Withen |
| | 500 UNIV. BEVE | J.W. SILVER'ST | RING. MD. | 20901 | D 10 1906 61 | unces) | Tank | the fire a second |

some Butter atomotion. SACHL LA HEB 18 1832 There Share Start B34

O FUNERAL DIRECTOR:

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

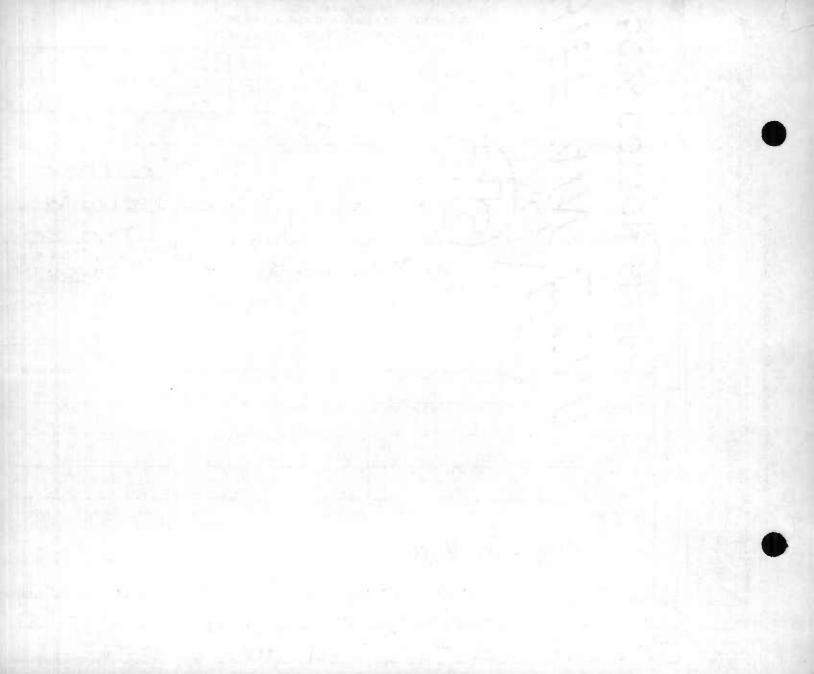
| 1. | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 10. | | | | |
|---------------|---|---------------|--------------------|---|-----------|------------------------------|--------------------------|----------------|--|-------------------|--|--|
| | CEASED NAME | FIRST | ۸ | VIDDLE | i | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR | | |
| (110) | PER | RY | W | | SI | EAMAN | | FEB | 27 1982 | 1:37p | | |
| 3. SE | | | RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST B | | IF UNDER 1 YEAR | IF UNDER 24 HRS | | |
| MA | LE | | CAU | | JUN | 17 1920 | 61 | YRS | MONTHS DATS | HOURS MIN. | | |
| 7a. B | IRTHPLACE (STATE OR F | OREIGN 7 | b. CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY | | | -, - | | |
| | ASH., D.C. | 10 | USA | | WIDOWE | | PRINCE GEO | RGE 'S | COUNTY | M | | |
| | ITY OR TOWN OF DEA | TH I | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a. USUAL OCCUPA | TION | 12b. KIND | OF BUSINESS OF | | |
| | DREWS AFB | | MALCOLM | GROW USA | AF MEI | DICAL CENTER | ELECTRICIA | | ELECTRIC | | | |
| 13a. | AL RESIDENCE (IF NURSI | ING HOME OR C | | GIVE RESIDENCE BEFORE 13c. CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | TE | RRACE | | | |
| MA | RYLAND | PRINCI | E GEORG | E SUITLAN | ND | YES NO X | 6203 SKYLI | | | | | |
| 14 F/ | ATHER'S NAME | M | IDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | | AST | | |
| | GLEN | | Α. | SEAMAN | 1 | LAURA | Model | | HIC | | | |
| | WAS DECEASE EVER | | ED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDI | ESS | | 1 | | |
| YE | | | -1945 | 577-22-1 | 355 | DENNIS SEAMA | N 45 OAK MA | NOR I | OR WALDO | RF MD | | |
| | 18 CAUSE OF DEATH | H (Enter only | one couse per | line for (a), (b), and | dic. | , | | | APPRO | XIMATE INTERVAL | | |
| 1 | | IMMEDIATE | | Cardine | · H | mest CARD | IAC ARREST | | | | | |
| | 4140 | | DUE TO, OF | LAS A CONSEQUE | NCE OF | SEVERE CORONAL | | CLERC | SIS | | | |
| 1 | Conditions, if ony, | | (b) | Severe | Cer | onny /tet | enosclere | range | | | | |
| | gove rise to imm couse (a), stating | g the | DUE TO, OR | AS A CONSEQUE | NCE OF | 0 | | | | | | |
| | underlying couse | lost | ((c) | | 1000 | | | | | 100 | | |
| 1 | PART 2. OTHER SIGN | IFICANT CO | ONDITIONS CO | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR COM | ADITION G | SIVEN IN PART 1 | (0 | | |
| é | | STEEDY TO | | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERT | ES, WERE FIND | S OF DEATH? | | |
| - 1 | 21a, ACCIDENT WAS UND | ERLYING | 21b. TIME OF | FINJURY | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INI | | YES DEPART OF PART 2) | ио 🗆 | | |
| | OR CONTRIBUTING [] | | | M. MONTH DA | | | TENTER MATORE OF 1145 | SKI HA HEIN IS | a rani i On rani sj | | | |
| MEDICAL | (IF EITHER NOTIFY MEDIC | | P.A 21e PLACE C | | 19 | 21f. LOCATION | | | | | | |
| W. | WHILE NOT WHI | ILE 🗆 | | EET, FACTORY, OFFICE, FA | ARM ETC) | STREET | CITY OR T | OWN | COUNTY | STATE | | |
| | AT WORK AT WOR | K | I) rittended the | decensed from | 27 Fe | 2b 10 82 | Feb 2 | 7 | 10 82 | that (I) (we) las | | |
| | 220-1 certify that (1) saw the decease | a ollae oll | | ! Y | 32 | d that in (my) (our) apinion | . 10 | lote and h | | | | |
| | 27h SIGNWYURE | id) (did not) | vitry the body : | after death. | | DEGREE | | | | SIGNED | | |
| 0 | lon | m | Frine | | | ATTENDING PHYSICIAN F | DIRECTOR PHYSI | FF CIANI | | Fel 82 | | |
| | 774 PHYSICIAN'S NA | ME CHIEGO | reneti 0 | | | 22e ADDRESS MALCOI | | | The second second | | | |
| 1 | ROY M. KRI | NG, K | AJ, USA | F, MC | | | WS AFB MD 2 | | PIONE OF | | | |
| 23a. E | BURIAL, CREMATION, | REMOVAL | 23b DATE | | AME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | 128.2 | SOUNT | | |
| 1 | SPECIF Burial | | 3-4-8 | | | terans Cem | Chelter | nham | PG. | Md. | | |
| | UNERAL DIRECTOR R | | | elm 430 | 08 St | uitland 250 D | TO BY REGIGA | | STRAP GILL | Markon | | |
| I | Funeral H | ome | Rd. | , Suitl | and, | Md. | .002 | | State of the state | | | |

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| | 1. | FOR STATE REGISTRAR | DEPART | MENT OF HEA | OF MARYLAND LLTH AND MENTAL HYO ATE OF DEATH | GIENE B | 0 5 ! | 2 9 |
|--|---------------|---|--|---------------|--|----------------------------------|-----------------------------|---------------------------------------|
| | | CEASED NAME FIRST | WIDDLE | LAST | | 20. DATE OF DEATH MO | ONTH DAY YEAR | 2b. HOUR |
| oy be oge 3 deoth | (TYPI | WILLIA | · M | 5F1 | TTED | FERRIAN | 1 15 1997 | 1015 |
| pood book | 3. SE | | 4. RACE | 5. DATE OF | BIRTH | 6. AGE (IN YEARS LAST BIRTHE | DAY) IF UNDER I YEA | AR IF UNDER 24 HRS |
| rs of | 1 | 1ALE | BLACK | APP ! | DAY YEAR 1 1883 | 98 | YRS. | S HOURS MIN. |
| Po Po | 7a. 8 | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 | | 9 BALTIMORE CITY OR | | |
| 14° 54°C | A | LABAHA | UNITED STATE | WIDOWED | NEVER MARRIED DIVORCED | PLINCE | GEORGE | = < MI |
| | ID C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME OR | | 120 USUAL OCCUPATION | 12b. KIND | OF BUSINESS OR |
| by the filled with | 4 | ANHAM | 14: 4 = 3 | FARDA | 15 AJ | Retired | VORKING LIFE INDUSTR | Y |
| hour d'in | USU 13a | | OR OTHER INSTITUTION GIVE RESIDENCE BEECO | RE ADMISSION) | d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| fill 524 | | | E GEORGE LANH | | YES NO | 3636TYR | al DI | 1115 |
| etely 2 sh | | THER'S NAME | MIDDLE LAST | | MOTHER'S MAIDEN NA | ME | | |
| ond ond | | Unknov | | | FIRST | Unknown | | LAST |
| ical | | AS DECEASED EVER IN U.S. A | | URITY NO. 1 | 1. INFORMANT | ADDRESS | | |
| Poge exe | | no | 579 01 | 2388 | LADYS W | OLKER | Abou | 11- |
| sicio pers ol. | | 18 CAUSE OF DEATH (Enter of | only ane cause per line familia), (b), a | | 1 | . 2 | | DXIMATE INTERVAL N ONSET AND DEATH |
| riffic phy on po emov emov | | PART I. DEATH WAS CAUS | ATE CAUSE (a) ALVE | (Uchru | Vysiules al | udht | Ren | |
| h ce tarbia or r | | 4360 | DUE TO, OF AS A CONSEQU | 1 | | | n. | y |
| deot ove tion, | | Canditions, if any, which | (16) GenMin | ell av | thisclerusi | <u> </u> | Vh | my years |
| the remo | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQU | JENCE OF | | | | |
| thot d by eose ol, cr | | underlying couse last. | (c) | | | | | |
| equires n signed Then pl | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | 1 | OT REPATED TO THE TERM | MINAL DISEASE OR CONDIT | TON GIVEN IN PART | l(a) |
| bee mit. | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | | WAS PERFORMED | 28a AUTOPSY? | Ob. IF YES, WERE FIND | INGS USED |
| he le hos hos to per ene | Ë | | | | | YES T NOT | N CERTIFYING CAUSE YES - | NO I |
| Tysici ronsi Hygi | CER | 21a. ACCIDENT WAS UNDERLYING | | 2 VEAD 2 | It. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY II | N ITEM 18 PART I OR PART 2) | |
| ICIA g ph ertifi infoliti mtol | 14 N | OR CONTRIBUTING CAUSE OF DE | 20111 | 19 | | | | |
| his chinding American | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 2 | II LOCATION | CITY OR TOWN | COUNTY | STATE |
| of poster of the rest of the r | 2 | AT WORK NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE, | PARM, ETC.) | / · · · · · · · · · · · · · · · · · · · | ciii okioni | | 31616 |
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| spito Spito CTO for of F | 1 | sow the deceased alive a abave, (L) (we) (did) (did-n | n 10/15 19 at) view the bady ofter pleath. | 46 and 1 | hat in (my) (aux) opinion | death occurred on the date | and hour and from th | e couses stoted |
| ched ched Ched Ched Ched Ched Ched Ched Ched C | 13 | 226. SIGNATURE | 1 22 11 1 | | GREE | | 22c. DAT | E SIGNED |
| AL Charles of the Corte | | MISHAL | M. WILWIN | VI: | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAL | NO 12/ | 16/92 |
| d binER | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 2 | 2e. ADDRESS | 1 2 1 1 | 1. * | |
| retained TO FUNI should b with the | | 0/ | | | -5807 Anni | evil Yourd: H | 10/14/4 al | VMILMIV |
| F 6 F 2 3 3 | 230 E | URIAL, CREMATION, PEMOVA | L ZEL DATE 23c. | NAME OF CEM | ET RY OR CREMATORY | 23d LOCATION | | |
| BP | В | urial | Feb. 22, 1982 | -Linco | In Memori | | y-Suitlar | id, Md. |
| HMH-16 50M 1/81 | 24 FU | NERAL DIRECTOR | 4/1Nells | ar | // Propt | BEC'D BY REGISTRAR 258 | | ATURE |
| (VRA 15, 4) | St | ewart/ Funera | 1 Home-4001 B | enning | Rd. N.E | U40 1902 6/ | uncas Van | With. |

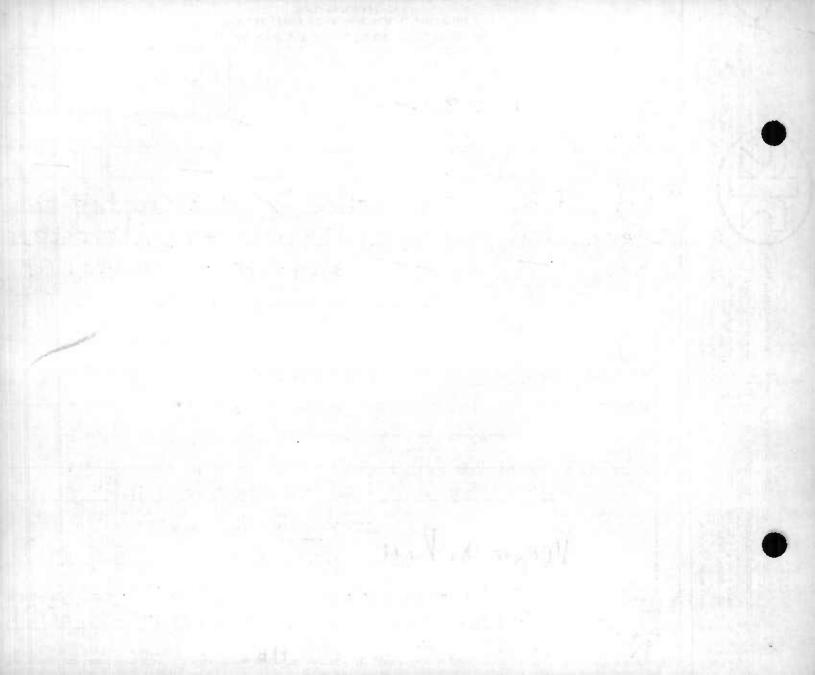
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| 10 11 | 10 | | STATE OF MARYLAND | 1 2 1 |
|--|---------------|---|--|-------------------------------------|
| W & | 11- | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 1 0 0 |
| 7 0 | | REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | |
| | | CEASED NAME FIRST | MIDDLE LAST 20 DATE KNOWN MON | TH DAY YEAR 26 HOUR |
| Was 22- | (10 | | | 2 1 19 82 |
| 2655W | 3. SE | | 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 11F UNDER 24 HRS. 24 DATE MONI | W |
| 国外发展在 | 1 | · · · · · · · · · · · · · · · · · · · | MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED | 2 1 92 11.00 |
| \$32EB | 7- 0 | emale white | The CHITENION WHAT COUNTY OF COLUMN OF CHIT OF | MITH OF BEATH |
| 知此多年第二 | | REIGN COUNTRY) | MARRIED NEVER MARRIED Prince Geor | 11101 |
| AN SAN | 1 | Josh DC | WIDOWED E DIVORCED E | MD. |
| A A A A A A A A A A A A A A A A A A A | 10. C | TY OR TOWN OF DEATH | 13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO | RK 126 KIND OF BUSINESS OR INDUSTRY |
| HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RD. "PENDING". IN PENCIL IN 178A.18, GIVE PAGES 1, 2, AND 3 TO THE THIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REAIN PAGE 105ED AS 8 BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HELD OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS. 2019 PIRAL, CREMATION, OR REMOVAL. | | reenbelt | 8533 Greenbelt Raod | Book |
| O SED | USU. | AL RESIDENCE (IF IN NURSING HOME | E OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION) DAY 130 CITY OR TOWN 13d. INSIDE (ITY LIMITS) 130 STREET ADDRESS | |
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| 4. IF | 14.F | ATHER'S NAME | MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE | LAST |
| IMORE, MI | | Wichard T | more to the total | 20000 |
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| LT. A. F. | 1 0 | ES. NO, OR UNKNOWN) (IF YES, GIV | WE WAR OR DATES! BOY 13 40 | out commandia |
| BALTI SS AFT GIVE VITH F PAGE | | | Tale 20 1001 Mily Helpoore 30 | APPROXIMATE INTERVAL |
| ON ST., 24 HOUR ITEM 18. ICONG W PERMIT. GIENE, D | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS | anly ane cause per line for (a), (b), and (c).) ED BY: Multiple about autounds Lloanous Chataus | BETWEEN ONSET AND DEATH |
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| A A NEW CHAR | - | Conditions, if any, whice gave rise to immediate | | |
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| EXECUTED NG" IN PROCESS EXAMINED FOR EXAMINE | | PART 2 OTNER SIGNIFICANT CONDITION | IS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to . | |
| RECORDS LD BE EXE PENDING MEDICAL MEDICAL MEDICAL MEDICAL MEALTH AN | Z | ALC: NO. 12 NO. | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PERCIL IN TEM 18, REDED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO PRIOR TO BURLAL, CREMATION, OR REMOVAL. | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
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| F VITA TE SHO WORD TE CHIE | | 210. EXTERNAL CAUSE WAS | 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O | |
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| DIVISIC HIS CERTII WRITING ARDED T (GE 3 SH VIE DEPA | WEI | WHILE NOT WHILE | STREET CITY OR TOWN | COUNTY STATE |
| DIVIS THER: THIS CER. CATE, WRITINE FORWARDED OR: PAGE 3 SI HE STATE DEP | | AT WORK AT WORK | x home 18533 GreenbeltRd, Greenbelt, Prir | ceGeorgeCo.MD |
| ATE, ORV | | 22a I certify that I taak cha | rge of the remains described above, held an Autapsy 🂢, Inspection 🗌 , Inquiry 🔲 , and in m | opinion |
| MAN HELD | | death resulted from: Nat | tural causes , Accident , Suicide , Homicide , Undetermined monner . | |
| ARYTH ARYTH | | 11.00 | TITLE (SPECIFY) | |
| CAL EXA THE CER SHOULD ERAL DIR CATH, WI | | ACTUAL SIGNATURE | M for Man Man MA Assistant DA | TE 2/1/82 |
| SEATE STATE | | SIGNATURE | MEDICAL EXAMINER | SNEU |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE FORGE 4 SHOULD BE FORT TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S AFTER DEATH ARRYLAND, | 1 | (TYPE OR PRINT) Ma | argarita A. Korell, M.D. ADDRESS 111 Penn Street, Balto, | MD 21201 |
| TO ME EXECUTE TO FU | 23-6 | URIAL, CREMATION, REMOVAL | | county) Aug |
| BP | 17 | Mal | 12-4-82 Southan Membortens Trink K Co | JUST 100 |
| DHMH - 17 | 4 | UNERAL DIRECTOR | angless 1) - OLA NOSCA 250. DATE REC'D. BY REGISTRAR PH. HEGISTRAR | SAMONATURY |
| (VR A15 ME (5)) | 17 | 1000 rh fo | DOOG HOME WELL FEB & 1981 Many | 0 |
| 15M 2/80 | | | | 1 |



| | | OR | | | DEPARTMENT OF | F HEALTH A | ND MENTAL H | HYGIENE | 1 | () | 5 | 1 .5 | |
|-----|---------------|---------------------|-------------------------------|----------------------|--------------------------------|-------------------|--------------------------------------|--------------|----------------------------|----------------|-------------|---|--------------|
| | | TATE EGISTRAR | | ME | DICAL EXAMI | NER'S CE | RTIFICATE C | OF DEAT | TH and | REG. NO | | | |
| 1. | | EASED NAME | FIRST | | MIDDLE | LAS | T - | 2 | DATE KN | NOWNVIV | | DAY YEAR | 26 HOUR |
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| 3. | SEX | 14. | RACE 5. | DATE OF BIRTH | I6. AGE (IN | | | 24 HRS. 2 | | | MONTH | DAY YEA | |
| | | | white | MONTH DAY | YEAR LAST BIRTH | HDAY) MONTHS | DAY HOURS | | RONOUNC | ED 2 | | 1 02 | |
| 1 | 0.10 | THPLACE (STATE | 5.00 | CITIZEN OF WI | 82 | YRS. | ayl | | DEAD | | 0.00101 | 1 1982 | |
| 3 | | IGN COUNTRY) | 1 | 1 CITIZEN OF WI | HAT COUNTRY? | MARRIED | NEVER MARR | RIED | BALTIMO | KE CITY O | - COUN | IY OF DEATH | AM |
| 1 | 11 | JON | 000 | 02 | + | WIDOWED | ☐ DIVORC | CED 🗆 | Princ | e Geo | rae | COUNTY RIND OF | MD. |
| 110 | D.*CIT | Y OR TOWN OF | DEATH II | | PITAL, NURSING HO | | INSTITUTION | TZa. USUA | AL OCCUPA OST OF WORKIN | TION (TYPE | OF WORK | OR INDUS | BUSINESS |
| | . (| Greenbe | It / | 8533 G | Greenbelt F | Road | | | | | | | |
| | SUAL | RESIDENCE (# | IN HURSING MEINE DE D | THER INSTITUTION, GI | VE RESIDENCE BEFORE ADMIS | SSION) | I WEBS CITY CHAITS | lu cross | | | | | |
| 7 | 3 | M | DE | | C-KOPO | 3 1 1 | I. IHSIDE CITY LIMITS? YES - NO - | 300 | ADDRES | Gro | non | ml+. | RN |
| + | 4 FAT | HER'S NAME | | | ICA ECOL | 115 | MOTHER'S MAID | FNNAME | | Oile | Lik | KIL | 77— |
| | - | FIRST | - 100 | AIDDLE | LAST | | FIRST | | MIDE | DLE | 10 | LAST | -0 |
| 1 | 4n 140 | AS DECEASED E | VER IN U.S. ARMED | D FORCECO | 1166. SOCIAL SECUR | DIV NO 17 | INFORMANT | 1 | 11/1/ | ADDRESS | 176 | THE | 2 |
| ľ | | HO, OR UNKNOWN | | | 100. SOCIAL SECUR | III NO. | INFORMANI | | 1 | ADDRESS | 1 | 1 10 | 10 1 |
| L | | NO | | | | | NW HO | 540 | 21 | On | der | Imal | 110 |
| r | | 18. CAUSE OF E | DEATH (Enter only o | ne cause per line | for (o), (b), ond (c).) | | | | | | | APPROXIMA BETWEEN ON | ATE INTERVAL |
| | | PARTIUEAT | TH WAS CAUSED BY | CAUSE (a)S | hot gun wo | und of | head I | Weapor | :Shot | aun | | | |
| | | 765 | / | DUE TO, OR | AS A CONSEQUENCE | E OF | | | | J | | | |
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| 1 | | 220. I certify t | that I took charge o | f the remains des | cribed obove, held on | Autopsy | XX Inspectio | on L. | Inquiry L | , and | d in my of | pinion | |
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STATE OF MARYLAND



| FOR 1 - STATE | STATE OF M DEPARTMENT OF HEALTH | AND MENTAL HYGIENE | 05132 |
|--|--|---|------------------------------------|
| REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) | MEDICAL EXAMINER'S C | Za. DATE KNOW | G. NO. VN MONTH DAY YEAR 76. HOUR |
| MAE 3. SEX 14. RACE | FRANCES SHEG | DEATH MATE | ED 2-1 1982 M |
| FEMALE WHITE | 7b. CITIZEN OF WHAT COUNTRY? | S DAYS HOURS MIN PRONOUNCED DEAD | 2-1 1982 R M |
| New York | U.S.A. WIDOWE | ED DIVORCED Prin | nce George MD. |
| BOWIE | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHE 12807 10TH STREET | PRINSTITUTION 120 USUAL OCCUPATION FOR MOST OF WORKING LIFE HOMEM ake | OR INDUSTRY |
| USUAL RESIDENCE (IF IN NURSING HOME O 130. STATE 13b. COUN' Maryland Prine | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY I3c. CITY OR TOWN Bowie | 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS YES № □ 12819 10t | h Street |
| 14. FATHER'S NAME FIRST George | Stevens LAST | 15. MOTHER'S MAIDEN NAME MIDDLE Marion | (unknown) |
| 160 WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (IF YES, GIVE Y | AED FORCES? 166 SOCIAL SECURITY NO. | ione Shegogue, 127 | DRESS BOWIE |
| Conditions, if any, which gove rise to immediate couse (a) stating the <u>underlying</u> couse last. PARY 2 DTHER SIGNIFICANT (DNDITIONS) | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) (c) (DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE | DR CONDITION GIVEN IN PART 1 (0). | |
| 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS | 19b. CONDITION FOR WHICH OPERATION WA | AS PERFORMED? | 2B AUTOPSY? YES □ NO√□ |
| | HOUR A.M. MONTH DAY YEAR | W INJURY OCCURRED 1 ENTER NATURE OF INJURY IN I | |
| UNDERTING ON CONTRIBUTING CAUSE OF E | 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) | CATION REET CITY OR TOWN | COUNTY STATE |
| ACTUAL SIGNATURE | e of the remains described above, held an Autops; ol couses , Accident , Suicide , | Homicide Undetermined monner TITLE (SPECIFY) DEPUTY MEDICAL EXAMINER | DATE SIGNED 2-1-82 |
| EXAMINER'S NAUGUSTO | P. RUDRIGUEZ M.D. | ADDRESS 5009 RAYBURN CT C | AMP SPRINGS MD |
| 230. BURIAL, CREMATION, REMOVAL 2 | | CREMATORY 23d LOCATION | d, Mary Tan |

ARTER/OSCILEROTIC CARSTONASCHLAR DISEASE

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AUGNSTOP. PEORIGUEZ M.D. SOBO RAYBURI CT., SAME SPRINGS, NO. 811111 27418 Ft. Lincoln Ctm. Strittoch, Mary PUZIB Berll Euneral Home

landn bum polis Te , Dowle, Mc.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

STATE OF MARYLAND

| | REGISTRAR | | | | CENTIF | ICATE OF DE | AIII | | REG. NO. | | | |
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| 3. SE. | X | | 4 RACE | | 5. DATE C | | | 6. AGE (IN YEA | RS LAST BIRTHDAY | | NDER 1 YEAR | IF UNDER 24 H |
| | Male | | White | | 7 MONTH | 30 | 18 | 63 | | YRS. | HS DAYS | HOURS M |
| | IRTHPLACE (STATE C | R FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | Y? 8. | ~- D AUGVED 44A | | 9 BALTIMORI | E CITY OR CO | 11101 | DEATH | |
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| 10 C | ITY OR TOWN OF D | EATH | 11. NAME OF | HOSPITAL, NURS | ING HOME | OR OTHER INSTIT | | 12a. USUAL O | CCUPATION | 1000 | | OF BUSINESS |
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| 14 FA | ATHER'S NAME | | | | | 15. MOTHER'S M | | WE | | | | |
| | esse | | | 1ton LAST | | Lou | | | MIDDLE | Cro | owder | ST |
| 16a V | WAS DECEASED EVE (YES, NO OR UNKNOWN) Yes | (IF YES GI | VE WAR OR DATES) | 166 SOCIAL SEC | | 17. INFORMANT | | | ADDRESS | | | |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2e. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Pame la Mae Shipman 15 82 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 25 YRS 19 82 170:30 1957 female white Jan. 6 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George County North Carolina U.S.A. WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE P WITH FORM PM. 3. RETAIN PAGE 3 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF WITAL RECORDS, 201 W. II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION BeltsvilleArea WoodedArea/N/B Balto-Wash Parkway Self-employed USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington 1440 Rhode Island Ave., N.W. YEST D.Columbia 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Charlotte Bishop Shipman Maxwell Glenwood 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Charlotte Thompson 8321 Md. Rt. 3 244-04-1835 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D BETWEEN ONSET AND DEATH Blunt force injuries of head OR REMOVAL IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES V NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH UNDERLYING OR found assaulted CONTRIBUTING CAUSE OF DEATH 211 LOCATION WoodedArea, BeltsvilleArea/PrinceGeoCo,MD NOT WHILE Unknown/found AT WORK 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide XX death resulted fram: Undetermined manner TITLE (SPECIFY) 2/17/82 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street Balto MD 21201 Hormez R Guard M.D. (TYPE OR PRINT) Mt.Gilead Baptist Churc Emetery 230. BURIAL, CREMATION, REMOVAL Feb.21,1982 Henderson Co. N. Carolina BP Burial 24 FUNERAL DIRECTOR **DHMH-17** Lilly & Zeiler, Inc. 1901 Eastern Ave., Balto. (VR ALS ME (5))

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STATE OF MARYLAND

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| Podi. | | emale | DEDA | Whit | te | Jan | 13 | 1902 | 80 | YRS | MONTHS DAYS | HOURS MIN. |
| | | RTHPLACE (STATE OR F | OREIGN | | WHAT COUNTRY | ? 8 | | | 9 BALTIMORE CITY O | | Y OF DEATH | |
| 14 | | a. | | I | USA MARRIED NEVER MARRIED Prince George | | | | | | raels | AAI |
| | | ITY OR TOWN OF DEA | TH | 11. NAME OF | HOSPITAL, NURSI | NG HOME C | | | 12a USUAL OCCUPATE | NC | 12b. KIND O | OF BUSINESS OR |
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| and condes | | VAS DECEASED EVER | | MED FORCES? E WAR OR DATES! | 166 SOCIAL SEC | URITY NO. | | | mar Rd ADDRE | | ensboro |), |
| S. Po | | No | | | Unknow | n | Jani | ce Ray, | Daughter | | I | V. C. |
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| | | sow the decense | d alive an | | 2-57 10 | 00 | | ny) (our) opinion d | eoth occurred on the do | te and ha | , . ,, | couses stated |
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| | | 224 PHYSICIAN'S NA |) ME | ()/ | 11/6/6 | M | 100 4000 | PHYSICIAN S | DIRECTOR PHYSIC | IAN 🗌 | 2-8- | -82 |
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| - | | W. B. | | | | | | | ro Pike, | Dis | t. Hgts | s, Md. |
| | 23a. B | URIAL, CREMATION, | REMOVAL | 23b. DATE | | | | R CREMATORY | 23d. LOCATION | | COUNTY | STATE |
| | | Burial | 963 | 2-9-83 | | | | Cem. | Suitland | , P. | .G., Ma | aryland |
| | 24 FL | INERAL DIRECTOR RO | obt E | E Wilhe | elm 4 | 308 5 | uitl | and 250 DATE | 1 6 1982 | SPREGE | 0 | Willen |
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Edward В. SHUGART February 8, 1982 1:15a.M 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR 1911 MAIE WHITE Dec 70 TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Wash., D. C. WIDOWED DIVORCED PRINCE GEORGE ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY DOCTOR'S HOSP. of PRINCE GEORGE TA NHAM Self-Emp School Bus 13b. COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. PG Capt. Hots 5601 High Mount Lane 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Henry Arthur Shugart Mary McMann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDSame as Above No 577-22-5690A Alice D. Shugart, Wife 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Medeitus 20 + 4 calc. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram the deceased alive an_ , and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated DEGREE EDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 27d PHYSICIAN'S NAME (TYPE CHIPMEN 22e ADDRESS should b M.D AUTH PLACE, CAMP SPRINGS MO 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 2-11-82 Cedar Hill Cem. Suitland, P.G., Robt E Wilhelm ADDRES 4308 Suitland DHMH - 16 50M 1/B1 (VRA 15, 4)

Rd., Suitland, Md.

Funeral Home

STATE OF MARYLAND

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| 96 A | 3 SE | F | Brown 8 | 5. DATE OF BIRTH SONTH ON 190 | 6. AGE (IN YEARS LAST BIR | RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS M | IRS |
| death. Po | F | HUMBINES | PHILIPPINES | | 9 BALTIMORE CITY C | OR COUNTY OF DEATH George's | MD |
| of the solution of the solutio | Ca | amp Springs | 5407 Gunsto | SING HOME OR OTHER INSTITUTION (SET ACORESS) n Lane | 12a USUAL OCCUPAT ITYPE OF WORK FOR MOST OF HOUSEW | OF WORKING LIFE) INDUSTRY | OR |
| cote be executed within 24 hours system and completely filled in by opers. Pages 1 and 2 should be fill wal. It, the medical examiner must be fit. | 13a | Md. 13b COUN | _ | D. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ? 13e. STREET ADDRESS | ston Lane | |
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| be execu | | NAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) IF YES, GIV NO | MED FORCES? LE WAR OR DATES) None | | Pecson, Dau | | |
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| ne death certine attending premove carbon mation, or ren | | Conditions, it ony, which | DUE TO, OR AS A CONSEQUENCE (b) THE END | UENCE OF CALL | 200 VASCULA | 2PC | |
| es that the red by the please rem | 13 | gave rise to immediate couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEO | 11) (() () | | | |
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| The law range has been to permit liene prio | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | HOPERATION WAS PERFORMED | 28a AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | |
| PHYSICIAN: PHYSICIAN: Physician phys | | 2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | URRED (ENTER NATURE OF INJU | RY IN ITEM 18, PART 1 OR PART 2) | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir other this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked ar item 18 shows any injury | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 216. PLACE OF INURY | E, FARM, ETC.) 21f LOCATION STREET | CITY OR TO | WN COUNTY STATE | |
| ATTENDIP spital or CTOR: A for use of Health | | 22a.1 certify that (1) (this hospit saw the deceased alive on above (1) (we) (did) (did no | to pended the deceased from | / | ion death occurred on the de | ote and hour and from the causes stated | ast |
| At OR At the horal DIRECTOR At DIRECTOR DEPT OF DEPT IT. If item | | 27b. SIGNATURE | S/ seron | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | | |
| TO HOSPITAL TO FUNERAL should be det with the Store | | 22d. PHYSICIANS NAME ITYPE OF | PRINTIS. PECRON | 22e ADDRESS | 4 | ll Rd., Wash., | D. |
| BP | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | | NAME OF CEMETERY OR CREMATOR Resurrection Ce | CITY OR TOWN | COUNTY STATE | |
| DHMH - 16 50M 1/B1 (VRA 15, 4) | | INERAL DIRECTOR Robt | | 4308 Suitland Soll | | 25b REGISTRAR'S SIGNATURE | |
| | F | merar nome | Nu., Built | and, na. | 11 6 30/ 6 | | _ |

STATE OF MARYLAND

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| 3 | 1- | FOR STATE | DEPARTA | STATE OF MARYLAND AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE 8 2 0 | 5 1 3 8 |
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| 4 7 5 | | CEASED NAME FIRST OR PRINT) | EllEn/ | Slayton | 20. DATE OF DEATH MONTH | 9-92 5'10 BM |
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| E. N. | | F | CAU. | 1-13-08 | YRS YRS | NONTHS DAYS HOURS MIN |
| 1 23 | C | PATHPLACE (STATE OF FOREIGN VIRGINIA | 76 CITIZEN OF WHAT COUNTRY? \mathcal{USA} | MARRIED NEVER MARRIED NUMBER MARRIED NOVEL DIVORCED | Prince George's | OF DEATH MD |
| by the fulled with | 10 CI | CLINTON | 11. NAME OF HOSPITAL, NURSIN US NOT IN SUCH FACILITY, GIVE STREET | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF | 126 KIND OF BUSINESS OR INDUSTRY. NONE |
| filled in loud be f | | TATE No COUR | OTHER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) | 13e STREET ADDRESS | |
| tely f | 14. FA | THER'S NAME | PUMATION IAI | 15. MOTHER'S MAIDEN NA | NONE ME | |
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| rificate physici anpoper emoval event, th | | 18 CAUSE OF DEATH Enter on PART 1. DEATH WAS CAUSE IMMEDIA | olly one couse per line for delibit, on DBY TE CAUSE (o) | of factur | (| SETWEEN ONSET AND DEATH |
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| equires the signed. Then pleater to buriol injury, or | NOI | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO I | DEATH BUT NOT RELATED THE TERM | MINAL DISEASE OR CONDITION GIV | EN IN PART 1(0) |
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| DING PHYS or ottendin After this c se os the bur oith and Me marked or it | MEDICAL | 21d INJURY OCCURRED W | T 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) | RM, ETC) 211 LOCATION STREET | V V A CITY OR TOWN | COUNTY STATE |
| TTENDIN or TOR: Af for use o of Heolit | | sow the deceased alive on | tol) attended the deceosed from | 19 C | deoth occurred on the date and hou | 19, that (1) (we) lost r and from the couses stated |
| the hospital DIREC | | 22b. SIGNATORE LMA | n-Y. Alzane | DEGREE ATTENDING PHYSICIAN (A | MEDICAL STAFF DIRECTOR PHYSICIAN | 271. DATE SIGNED 2 19 82 |
| TO HOSPITAL TO FUNERAL should be deti with the Store IMPORTANT: | | 22d. PHYSICIAN'S NAME (TYPE OF A STAN) | ALJANY | 781 9131 P | 1s cataway |) Rd-clinton |
| BPBP | 23a. B | urial, cremation, removal Burial | - 1 - 1 - | NAME OF CEMETERY OR CREMATORY PAMPLIN | 23d LOCATION CITY OR TOWN PAMPLIN A | COUNTY STATE |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | 24 FL | | al Home, Inc. Ap | Court St. Va. MAR | e rec'd. by registrar of registral 1982 | A S S S S S S S S S S S S S S S S S S S |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN YEAR (TYPE OR PRINT) ESTI-DEATH MATED 20 82 SARAH Estell SLOAN 10 5. DATE OF BIRTH SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 7 1 50 LAST BIRTHDAY) PRONOUNCED Feb 1884 emale 98 DEAD Caucasian 19 82 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FOREIGN COUNTRY) U.S.A. New Jersey WIDOWED [DIVORCED Prince George's 3. RETAIN PAGE 2.2 SHOULD BE FILED. IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 6711 Park Hall Drive Houskeeper Laurel Gen Cable USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George Laurel Maryland 6711 Park Hall Drive NOX AND 2 ST 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M PM MIDDLE Sloan MIDDLE FIRST John Mariyy Finn 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANI Park Hall Drive DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 138-97-3462 John Kenny Laurel, Md. 20707 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAI, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO K E 3 SHOULD BE TO BUI SHOULD BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (ATHOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Deputy 2/20/1982 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodr ADDRESS 5009 Rayburn Court, Camp Springs. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2/23/82 Mount Olivet Cem Burial Elizabeth Union New Jers M. FUNER FIRE CR Laurel Funeral Home Inc. PER STAR PREGISTRAR PREGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 7601 Snady Spring Rd Laurel Md 20707

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STATE OF MARYLAND

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FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR

H.

BLACK

Th CITIZEN OF WHAT COUNTRY

HAMILTON

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

PRINCE GEORGE'S GENERAL

UPPER HARLBORD

166 SOCIAL SECURITY NO.

DOROTHY

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13b COUNTY 13c CITY OR TOWN

P. G

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

MARRIED NEVER MARRIED

YES M

136. INSIDE CITY LIMITS

15 MOTHER'S MAIDEN FIRST

17 INFORMANT

1910

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LAST

SMITH

5. DATE OF BIRTH

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WIDOWED 🔀

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

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| | | 21: | REG. I | NO. | | | | | |
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| 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | 1 | Bibon | inhanting | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| 4100 | DUE TO, OR AS A CONSEQUENCE OF | adia. | Adle | |
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE OF | | 02000 | |
| PART 2 OTHER SIGNIFICANT CO | nditions <u>contributing to death</u> but | NOT RELATED TO 1 | HE TERMINAL DISEASE OR CONDITION G | IVEN IN PART 1 0 |
| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORME | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\) |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY | OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 | PARTIOR PART 2) |
| 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY (AT HOME_STREET_FACTORY, OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 22a. I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did native | 2/11/1/ 19/2 01 | ad that in (my) (dur) | opinion death occurred on the date and ha | our and from the causes stated |
| 22b. SIGNATURE | | DEGREE | | 22c DATE SIGNED |

should be detoched for use as the burial-transit per with the State Dept. of Health and Mental Hygiene morked or Item MPORTANT: If Item 21 is BP. (VRA 15, 4)

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mpletely filled in by the ond 2 should be filed

DHMH - 16 50M 1/B1

DECEASED NAME

FEMALE

10 CITY OR TOWN OF DEATH

MD

OHN

CHEVERLY

4 FATHER'S NAME

I STATE OR FOREIGN

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

TYPE OR PRINT

a. BIRTHPLACE

COUNTRY

3 SEX

24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL

72d PHYSICIAN'S NAME (TYPE-OF PRINT)

SUDHAKAR PUNJA

M.D.

2/15/82

PGGH/MC. 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

HIGHLAND

H.S. WASHINGTON + SONS 4925 BURROLIGHS AVE. JEB & G

HINE SUTH YTHIOD & BUILD STREET TO THE RESERVE OF THE PROPERTY OF THE PR OFFIREY PRINCE GEORGE'S GERRAL MOSPITAL YOUR ELEVEN SUMMEAR PORTA M.D. PEGH/NO. CREVERLY, MS.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE 6. AGE (IN YEARS 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 16 DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia WIDOWED DIVORCED USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY U.S. Gov't. Clerical 136. COUNTY 13- STREET ADDRESS 13a STATE 13d. INSIDE CITY LIMITS? Md. 4922 LaSalle YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Breen Mary Lally 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS Stevensville. Md. Mary Virginia Martin. Rt. 2 Box 700 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AS A BURIAL - TRANSIT PERMIT ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Wroter leveder vas enter descent IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF HEALTH CERTIFICATION 19a DATE OF OPERATION A YES [NO P DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 0 M.M.)MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21f LOCATION AT WORK AT WHILE TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, Z 22a I certify that I taak charge of the remains d Natural causes death resulted fram Accident Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME MIRUSTO ADDRES 5009 Rayburn Court, Temple Hills. Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ISPEC Burial STATE St. Mary's Cemetery Alexandria Virginia 24 FUNERAL DIRECTOR Joseph Gawler's NAME 5130 Wisc. Ave., ANSW. **DHMH-17** (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

deina M tempetal. Former 6 2 2 4 1 9 7 22 Arrials x Zuchard . tvo. I oracl Md. Prince George Jereinger Committee Committe iliam 6. dren brig 6. Dally to constitute the constitute of the 2 con All TO FER STEEL TO BE STORY THE STEEL STORY "Regin from mil me de Brandy me in fronte i lagra the structure of I was a first for your a character There is the way to be in the throne to the said ENCA: A CHARLES IN THE COLUMN TO THE COLUMN the affile of the transfer inter the urial simural (made on a large de la large Leader Court Court

| 1 - STA |
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| 1. DECEAS |

completely filled in by the funeral di

STATE OF MARYLAND

| 1 | - STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO. | | | -11-6 |
|---------------|--|-------------------------------|--|------------|-------------------------------------|---|---------------------------------|-------------------|-------------------------------|
| | CEASED NAME FIRST SARAH | | J. | SMIT | H | 20. DATE OF DEATH 02 MO | NI 07 DAY | '828 | 200PRM. |
| 3. SE | Female | 4. RACE White | | S DATE O | DAY YEAR | 6 AGE (IN YEARS LAST BIRTHD) | YRS. | | IF UNDER 24 HR5 HÖURS MIN. |
| | IRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va. | USA | WHAT COUNTRY? | WIDOWE | | 9. BALTIMORE CITY OR C | | | MD. |
| | Clinton | IF NOT IN SUC | HOSPITAL, NURSINI H FACILITY, GIVE STREET A N Mary Lan | ADDRESS] | prother INSTITUTION | 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WITH HOUSEWIFE | 1 | | F BUSINESS OR |
| 13a. S | AL RESIDENCE (IF STATE W.Va. Ha) | THER INSTITUTION | 13c. CITY OR TOWN Mooref | ADMISSION) | I . | 13e STREET ADDRESS | | - | |
| 14 FA | ATHER'S NAME FIRST TSAAC | MIDDLE K | uykendall | ħ, | 15. MOTHER'S MAIDEN NAME FIRST MARY | MIDDLE | M | ongo] | |
| | NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? VE WAR OR DATES) | 166 SOCIAL SECUI | RITY NO. | Mrs Fanni | ADDRESS ie Hahn , Rt. | #2, Mc | oref: | ield,WV. |
| | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost | (b) ∠ | A CONSEQUE | 4 | elevote 1 | Junt Per | | | |
| TION | PART 20THER SIGNIFICANT | For'l | re - 0- | ren | na Mulhi | the major | roed | De | culot. |
| CERTIFICATION | 190 DATE OF OPERATION | 196 COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20 IN | IF YES, WE CERTIFYING YES | RE FINDING CAUSES | OF DEATH? |
| MEDICAL CE | 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | R) P | M. MONTH DA | Y YEAR | | RED {ENTER NATURE OF INJURY IN | ITEM 18 PART 1 | OR PART 2) | |
| WED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | (AT HOME STR | OF INJURY EET FACTORY OFFICE, FA | ARM ETC I | 211 LOCATION STREET | CITY OF TOWN | | COUNTY | STATE |
| | 22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no | 217 | 19 5 | | nd that in (my) (our) opinion (| death occurred on the date | | I from the | |
| | 226. SIGNATURE M | Lover | -, m | 27 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | | Z/ | SIGNED |
| | 22d, PHYSICIAN'S NAME (TYPE | MOT, | TARO | / | 27e ADDRESS 42357 | La (4 An | - n | el · | 24131 |

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After

IMPORTANT: If Item 21

George K. Chambers

23b. DATE

Feb.10,1982

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Moorefield, WV. 26836

231 NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

ZM LOCATION

W.Va.

| | .ov. 21, 1886 | ne ieli | Vene2.s |
|-------------------------|----------------|-----------------|----------|
| | | | av.No. |
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| as all are und that the | to x history | sel theil | .eV.W |
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| Cold Parks Smile Street | returno lenter | STOR OF ALL | Laland |
| | 36832 W. PERS | Taxon andescrip | M sprobl |

| 1. | FOR - STATE REGISTRAR | D | EPARTMENT OF | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 2 | 0 5 | 1 4 3 |
|---------------|--|---|----------------|--|---------------------------|------------------------------------|--|
| | CEASED NAME FIRST | WIDDLE | | ASI | 2a DATE OF DEATH | | YEAR 26 HOUR |
| | & MII | LY W | 55 | SPER | | 2/9/82 | 8:30PA |
| 3. SE | X | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | | |
| | Female | White | Sept | 24, 1900 | 81 | YRS. | DATS HOURS MIN. |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT CO | UNTRY? 8. | D NEVER MARRIED | 9 BALTIMORE CITY O | | TH |
| | rginia | U.S.A. | WIDOW | | PRINCE GEO | RGES COUN | TY ME |
| | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME | - 42 | 12a USUAL OCCUPATI | ON 125. K | IND OF BUSINESS OF |
| | CLINTON | SOUTHERN MAR | YLAND HOS | TATT | Housewife | | |
| | AL RESIDENCE (IF NURSING HOME O | DO001-101 1200 | | PTIAL_ | nousewile | П | lome |
| 13a. S | STATE 136 COL | | ORTOWN | 136. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| | | G. Co. Oxon | Hill | YES NO | 4100 Owen | s Road | |
| 14. F/ | ATHER'S NAME FIRST (Unknown | | LAST | 15. MOTHER'S MAIDEN NAM | (Unknown) | | LAST |
| | NO NO | one 578- | 03-4583 | Emily G. Men | efee 4 Park | Pun hill Mano | ta Gorda, r Floride |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CO | | of Bland |)ER_ | 5 | NONTH |
| NOIL | PART 2. OTHER SIGNIFICANT | | | | inal disease or coni | DITION GIVEN IN PA | ART 11a) |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | YES NO | 206. IF YES, WERE IN CERTIFYING CA | FINDINGS USED AUSES OF DEATH? |
| EDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | TH DAY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART 1 ORP | AR1 2) |
| MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY | | 211 LOCATION STREET | CITY OR TO | wn cour | NTY STATE |
| | 220.1 certify that (I) (this bosy saw the deceased alive o abave, (I) (are) (did) (dra 22b, SIGNATURE | 2/6 | h. 19 82 , or | nd that in (my) (2002 opinion of | , to Z C | ite and hour and fro | that (I) twellass in the couses stated |

236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial BP

Philip Wisotsky 23b. DATE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

22e ADDRESS

236. LOCATION CITY OR TOWN

ATTENDING PHYSICIAN

Brentwood Co.,

24 FUNERAL DIRECTOR Riverdale, Maryland Chambers Funeral Home

Feb/12/82

MEDICAL STAFF
DIRECTOR PHYSICIAN

Marvland

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is

should be detoched for use as the buriol-tronsit permit. Then please remaye corbon pape with the State Dept. of Health ond Mental Hygiene prior to buriol, crematian, or removal

| | A\$102 | W | Surrey. | |
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| Personal Colored Parameter | | -20-15 | | |
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| UT-PIS TO NEX | | | T. | i g |
| | ocens in conti | */_ */_ */_ */ | | |

| | 1. | STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | | | | | | |
|--|---------------|---|---------------------------------|--|-------------------|--|------------------------|--|------------------------------------|--------------------------------|
| · (47) | | CEASED NAME FIRST DOLOTE | es I | sabel | SPICE | rsi IR | 20. DATE OF D | reg. No. EATH MONTH Lary 17, I | DAY YEAR | 26 HOUR 7:20 p _M |
| (M) | 3 SE | emale | 4 RACE White | | S. DATE O | F BIRTH YEAR YEAR | 6 AGE (IN YEAR | S LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ashington D.C. | U.S. | WHAT COUNTRY? | MARRIED WIDOWE | NEVER MARRIED | Prince | CITY OR COUNTY | | MD. |
| by the filed and | | ty or town of death Lanham | Doctor | S' Hospit | al of | Pr. Geo. Co | 12a USUAL OC BOOKKE | CUPATION DR MOST OF WORKING LI PEPER | 126 KIND C INDUSTRY | struction |
| filled in ould be | Ma | | ROTHER INSTITUTION NTY Ce Geo. | 136. CITY OR TOW Ritchie | | 13d INSIDE CITY LIMITS? YES NO [] | | Chestnut | Park S | treet |
| completely 1 and 2 sha | | Adrian | MIDDLE | Carey | | Myrtle | | VIDDIÉ | Mille | r |
| rificate be execut g physicion and co anappers. Pages I emoval. event, the medical | 16a V | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 577 26 | | Mervin A. Sp | icer Sa | me as #13 | 3 (Hus | band) |
| requires that the death en signed by the attendi 1. Then please remove con or to buriol, cremation, or y injury, or other troumor | TION | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (| DUE TO, CO | hyraid | DEATH BUT I | | feat | | | 5 |
| N: The low r ysscion. icote hos bee ronsit permit. Hygiene prio | CERTIFICATION | 19a. DATE OF OPERATION | | MION FOR WHICH | OPERATION | | | ON IN CERTIF | S, WERE FINDIN YING CAUSES S | |
| ATTENDING PHYSICIAN: The low ospitol or ottending physicion. ECTOR. After this certificate has be defor use as the buriol-transit permit, of Health and Mental Hygiene pring and the service of the order of them 18 shows on a 21 is marked or them 18 shows on | MEDICAL CER | 216. ACCIDENT WAS UNDERLYING COCKENTING CAUSE OF DEL | HOUR A P 21e PLACE | OF INJURYM. MONTH DM. OF INJURY REET, FACTORY OFFICE F | 19 | 211 LOCATION STREET | | E OF INJURY IN ITEM 18. P | COUNTY | STATE |
| the he hotoche bother bother be Dep | | 270 1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE | | | - | d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF | | |
| TO HOSPITAL etoined by th TO FUNERAL should be det with the Stote IMPORTANT: | | H.A. MO. | | , M.D. | | 6005 Lan | dover | | ever ly | MO. |
| BP | | URIAL, CREMATION, REMOVAL Burial | 2/20/8 | 32 Mai | ryland | METERY OR CREMATORY National Me | m. Laure | IWN P.G. | COUNTY Mai | yland |

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

P.G. COUNTY Maryland

23c NAME OF CEMETERY OR CREMATORY
Maryland National Mem. Lawrel Pork Cemetery

123d LOCATION
Lawrell Port County Marylan

123d LOCATION
Lawrell Port Count Francise Gasch's Sons Funeral Home,
Hyattsville, Maryland

Carried May 1, 1917 otion 1.8.9 D.C antentilacy Realtreager Countingtion Sand Street Street anying ringe 'co. litelie meifiler VOTE! 25:00 HERTO! 577 26 0275 Morvin A. Spicer Same as 15 (lusiund) Mary land Corpus . and ismailed basises. I f Begge Princis December Vuneral Lane, 1871 Complete busings, office toy

STATE OF MARYLAND

HEMAN CROVER SHITZER 11 EL C. L. GES PRINCE CONTROL STORY ner l AND ISSUE OF BUILDING

| | | FOR | DEDAD | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY | CIPHE 2 9 1 4 6 | | |
|-------------|---------------|---|--|---|--|--|--|
| - | ł - | STATE REGISTRAR | DEFAR | CERTIFICATE OF DEATH | REG. NO. | | |
| 1 | DEC | EASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR | | |
| IL | | BERTRAM JOSE | PH STANTON J | R. | FEBURARY 16, 1982 10:35 | | |
| | SEX | | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. | | |
| | IAL | | WHITE | JULY 5, 1927 | 54 yrs. | | |
| | CI | THPLACE (STATE OR FOREIGN SACHUSETTS | 7b. CITIZEN OF WHAT COUNTRY UNITED STATES | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF DEATH | | |
| 293 | | Y OR TOWN OF DEATH | | WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION | PRINCE GEORGE'S COUNTY M | | |
| 1 | | REWS AFB | MALCOLM GROW U | ADMINISTRATION INDUSTRY MILITARY | | | |
| 35 M | 3a S1 | YLAND PRINC | OTHER INSTITUTION GIVE RESIDENCE BEFORE TY E GEORGE S FORE | WN 13d INSIDE CITY LIMITS? STVILLE YES X NO | 13e STREET ADDRESS 2752 LORRING DR APT 302 | | |
| 1 0 | | TRAM JOSEPH | STANTON SR | 15. MOTHER'S MAIDEN N. Helen | AME Foster Foster | | |
|) 160 Y: | a W | AS DECEASED EVER IN U.S. ARI | E WAR OR DATEST | | ADDRES FORESTVILLE, MD | | |
| Y | | | -1966 015-22 | -8895 ELIZABETH A | STANTON, 2752 LORRING DR APT REST APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH | | |
| | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | 107 | cult Hemmoer DENCE OF ABDOMINAL (CARQUOI | CARGINOMATOSIS matosis (1º Colon) | | |
| 2 | | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO | DDEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVÊN IN PART 1(0) | | |
| 2 | CERTIFICATION | 90 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO | | |
| 100 | _ | Pla. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA | | DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART ?) | | |
| 13 | 3 | (IF EITHER NOTIFY MEDICAL EXAMINER | | | | | |
| 6 | EDICA | 114 INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | FARM, ETC.) 211. LOCATION STREET | CITY OR TOWN COUNTY STATE | | |
| * | MEDICA | WHILE NOT WHILE AT WORK 120 AT WORK 121 AT WORK 122 AT CERTIFY that (I) (this hospit | (AT HOME, STREET, FACTORY, OFFICE tal) attended the deceased from | , FARM, ETC.) STREET | | | |
| | MEDICA | WHILE NOT WHILE NOT WORK | (AT HOME, STREET, FACTORY, OFFICE tal) attended the deceased from | , FARM, ETC.) STREET | , to, 19, that (I) (we) lo | | |
| * | MEDICA | WHILE NOT WHILE AT WORK 270. I certify that (1) (this haspit saw the deceased alive an obove, (1) (we) (did) (did not 27b. SIGN ATTIMETED. | INTHOME, STREET, FACTORY, OFFICE tol) ottended the deceosed from t) view the body ofter death. | , FARM, ETC.) STREET , 19 , ond that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS | medical Staff Director Physician Program (I) (we) los 1 death occurred on the dote and hour and from the causes stated 22c. DATE SIGNED 16 Feb 8-2 | | |

Country March History (who) and an end come (color)

George P. Kalas Funeral Home Oxon Hill, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

26 HOUR

Selby

STATE

- STATE

REGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Restord Toucher Igner tion Varyland wir. heavys theper tarlooms very Served Served 1978 Selby. el-182-552 W. Jers, Stewart March Works Works - nitional -r. year. heriticbio cross sill ideal cores . Luine Superal Mone Caca Mill. Md.

| 1 | | FOR STATE | | | DEPARTMENT | OF HEALTH | | (() | 3 | 0 | 5 | 1 64 | 8 |
|--|---------------|---|---|------------------------------|--|------------|--------------------------|---|--------------------------|-------------------|--------------|--------------------------|-------------|
| (RA) | | REGISTRAR CEASED NAME | FIRST | MEI | MIDDLE | INER'S | LAST | | | REG. NO. | | | |
| WART. | | E OR PRINT) | | | MIODIE | | LASI | | OF | ESTI- | MONTH | DAY YEAR | 2b. HOUR |
| 3000 | 3. SEX | 4. RAC | PHILLI | | | | | | | MATED [| 2-23 | 19 82 | 14 HOU |
| ARY, P. L. DIRECTOR F YOUR F TON STI | MAI | | HITE | XMXXXXXXXXXXX | YEAR LAST BI | YRS. | | S MIN. | PRONOUNG | | 2-23 | | 9:26 A |
| NEGES STATES | P | a . | | | | | | | | - EORGE | GES MI | | |
| PAGE AGE | C | ty or town of DE heverly | | P. G. H | SPITAL, NURSING HOME, OR OTHER INSTITUTION ACILITY, GIVE STREET ADDRESS) HOSPITAL | | | ION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Rest. Mg | | | | OR INDUSTRY | |
| F AND 3 TO SHOULD BE LECORDS | 130. S | L RESIDENCE (IF IN NI TATE Md. | 13b. COUNT | TY | 13c. CITY OR TOW Ritchie | N | 13d. INSIDE CITY LIMIT | 130 STRE | ET ADDRES | | Par | k Str | eet |
| MALAL S | 14. FA | THER'S NAME | | MIDDLE | LASY | | 15. MOTHER'S M. | | | DOLE. | | LAST | |
| B 55 - 42 1 1 1 1 | | John | | St | ine | | Anna | | 77170 | Sch | numo | sic | |
| BALTIMOR JIES AFTER DE GINE PAGES I PAGES I A DIVISION OF | 16a, V (Y | VAS DECEASED EVER ES. NO. OR UNKNOWN) Yes | | MED FORCES? WAR OR DATES) | 579-42 | | Nellie | c. st | ine, | ADDRESS Wife | , Sa | Ab me as | ove |
| | | 18. CAUSE OF DEA PART I DEATH V | TH (Enter onl | y ane cause per line | far (a), (b), and (c). | | | | | | | APPROXIMA BETWEEN ONS | E INTERVAL |
| , 201 W. PRESTC CUTED WITHIN 2. IN PENCIL IN IT EXAMINER ALC REAL TRANSIT ID MENTAL HYG ION, OR REMOV | | Conditions, if gave rise to couse (a) statin-lying couse last | any, which immediate g the <u>under</u> | (b) | as a consequen | CE OF | | | 5E | 4 | | | |
| RECORDS D BE EXECTED BY EXECUTOR WEDICAL AS A BUT AN | NO. | CHRONIC | OBSTRI | JCTIVE PUI | MONARY D | ISEASE | | | | | | | |
| SHOULD SRD "PROULD CHIEF I CHI | CERTIFICATION | 196. DATE OF OPER. | ATION | 19b. CONDIT | ION FOR WHICH C | PERATION W | 'AS PERFORMED? | | | | | 20 AUTOPSY | 17 NO [¥ |
| MUSION OF VITALISION OF VITALISION OF VITALISING THE WORDED TO THE CITALISIS SANOULD BE SANOULD SUBJECT TO BUILD BE SUBJECT TO BUILD BE SUBJECT TO BUILD BUI | | 210 EXTERNAL CAU UNDERLYING CONTRIBUTING | OR | | INJURY MONTH DAY Y | EAR | OW INJURY OCCU | JRRED (ENTER N | IATURE OF INJU | IRY IN ITEM 18 PA | RT I OR PART | | |
| 245A¥± | MEDICAL | | WHILE C | 21e PLACE C STREET, FACT | OF INJURY (AT HOM ORY, FARM, ETC.) | | CATION STREET | | CITY OR TOW | N | COUN | aTY | STATE |
| CAL EXAMINER: THE CERTIFICATE THOULD BE FORE RAI DIRECTOR: ATH, WITH THE S RE, MARYLAND, | | death resulted fram | n: Natur | al causes X, | Accident , | Suicide | Hamicide TITLE (SPECIFY | MEDR | CAL EXAMI | nner . | | 2-23-8 RINGS, P | |
| TO MEDIC EXECUTE: PAGE 4 S TO FUNE BALTIMOI | 22.5 | EXAMINER'S NAME (TYPE OR PRINT) | | | | | ADDRESS | RAYBUR | | KI, CAM | 5 5 F K | V CENIL) | D. |
| BP | (5 | JRIAL, CREMATION, P PECHY) Burial | 2 | 2-27-82 | Cedar | | cem. | | cation r town tlan | d, P. | G., | Maryl | and |
| DHMH - 17 | 24 F | NERAL DIRECTOR | | Wilhel | | Suit | and 250. D | TEREC'D, BY | REGISTRAR 1982 | 25b.REGIST | RAR'S SIC | SNABURE | Žen. |
| (VR A15 ME (5)) 15M 2/80 | F | uneral H | ome | Rd., S | uitland | Md. | | | .002 | | . 03 | | |

THE REPORT OF THE PERSON OF TH

WHO THE STATE CARDIOVASCULAR DISEASE THE STATE OF THE

CHRONIC OLSTRUCTIVE PLANTANAY DISEASE

VγIIIq

| | | FOR STATE REGISTRAR | | | CERTIF | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | SIENE 8 2 REG. NO | 0 5 | 149 |
|--|---|--|--------------------------------|---|-----------|---|---|---|----------------------------|
|) | | EASED NAME FIRST OR PRINT) MARG | IE | A. S | TRING | ER . | 20. DATE OF DEATH | 26 HOUR 3:15 A | |
| 3. | SEX | remale | 4. RACE Caucas | ian | S. DATE O | | 6 AGE (IN YEARS LAST BIRTH | HDAY) IF UNDER 1 YE MONTHS DAT | |
| 20 70 | - | THPLACE (STATE OR FOREIGN North Carolina | 76. CITIZEN OF U.S. | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CITY OR PRINCE GEO | COUNTY OF DEATH | MD |
| 9410 | | Y OR TOWN OF DEATH | PRINCE | HOSPITAL, NURSING | G HOME C | RAL HOSPITAL | 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF SCHOOL BUS | WORKING UFE) INDUSTI S Driver Sc | D OF BUSINESS OR |
| 35" | Ma Ma | | | GIVE RESIDENCE BEFORE 13. CITY OR TOWN Californ | | 13d. INSIDE CITY LIMITS? YES NO TO | 13e STREET ADDRESS 503 Shady | Hollow Lan | ne |
| 180 | | Edward C | ollins | Bake: | | 15. MOTHER'S MAIDEN NA/ EVA | ME MIDDLE | Weather | rbee |
| the medico | | AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO | MED FORCES? E WAR OR DATES) | 223-44-2 | | 17. INFORMANT Louise Dodso | n/daughter/s | | |
| or other troumotic | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | (b) DUE TO, O | R AS A CONSEQUE | NCE OF | Aley Dis. | lege | | |
| any injury, o | 10110 | PART 2. OTHER SIGNIFICANT OF | rend | Surge K | hel | Islas, 1 | Izon AUTOPSY? | Vergeeler | DINGS USED |
| d or frem 18 shows any injured or frem 18 shows any injured or free 18 shows any injured or free 18 shows any injured or free 18 shows and injured or free 18 sho | | 21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | M. MONTH DAY M. | YEAR | 21c. HOW INJURY OCCURR | YES NO | IN CERTIFYING CAUS YES IN ITEM 18 PART 1 OR PART 2 | NO 🗌 |
| is marked | | WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit | al) ottended th | | 1/ | STREET | city or town | 21/1982 | STATE , that (I) (we) last |
| T: If them 21 | saw the deceased alive an abave, (h)(we) (did) (did nat) view the bady after death. 22b. SIGNATURE | | | | | d that in (my) (aur) apinian of DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | 22c. DA | he causes stated TE SIGNED |
| IMPORTANT: If | | Jaswinder St | dhu | | | 4700 Auth P | Lace, Camp S | | . 20746 |
| | (5) | PECIFY ALL | Feb. | | | EMETERY OR CREMATORY Lawn Cemete | | , Virginia | STATE |
| 1/81 | FUt | NERAL DIRECTOR NAME Capitol F | uneral | Service. | Fairí | ax. Va. 250. D | EB 28 SE JURAR 25 | Sh. RECISTRAR'S SIGN | AUBlastian |

| PRINCE CROSSES'S SHITAL SHOOL OF THE DESCRIPTION O | | ALLIANCE GEORGE | | diversity in |
|--|----------------|-----------------|------|--------------|
| e copie zaviel de lacine de del la de lacine de la dela de | ON LIAMENTED & | SOROED SOROE | Y.J. | айуана |
| som vollos jania jugi iz som ten som i som i som ten som i s | | or Distance | | |
| 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | | | week. |
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| | | | | |
| with these Cost Springs, at 127,46 to come cost with the cost with the cost of | | | Co. | |

16000 Annapolis Rd., Bowie, M d.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH 1982 1:05am 24. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Sec. 13. STREET ADDRESS 5600 54th Ave. Schuler ADDRESSG eenbelt

Ann E. Stout, 12A Laurel Hill Rd., Md.

ALDES SE OR CONDITION GIVEN IN PART THE 186 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? VES ["

Zame ()

27r DATES

5701 85th Ave., Hyattsville, Md.

Maplewood Cemetery Tazewell, Virginia 2/27/82 Beall Funeral Home VIII

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

L DECEASED NAME

CHUC. Not, 17,1923 588 3[1033 West Virginia H.S.A. Constitution of the Last one Sentence Maryland P.G. Piverdale x = 5600 Stah Ive. Schule Jennes 2300-1 G conbelt. ----- 225-28-827 Agn E. Scout, 12a Larel Hill I Mary Comment & Market of Section & Market William E. Rosson, M.E. Stol Sth Ive., Hydresville, Mes 2/27/62 Moolewoor Cemitery Tirewell, Vilginity Beall Funcis Free W.

Joseph Maris Re., 3mie, M. d.

| | | FOR STATE | | | EPARTMENT OF | HEALTI | | 6.0 | 2 | 0 5 | 1 3 | 2 |
|--|---------------|--|--|--|---|------------|---------------------------------|--|-------------------------|-----------------------------------|-------------------------------|------------------|
| | 1. DE | REGISTRAR CEASED NAME E OR PRINT) | FIRST | WEL | MIDDLE MIDDLE | NER'S | CERTIFICATE | 2a D | REG. I | NO. MONTH | DAY YEA | R 2b. HOUR |
| | 3. SEX | 4. RACI | A | DATE OF BIRTH | YEAR LAST BIRTHI | EARS IF UI | | R 24 HRS. 2c. | DATE NOUNCED DEAD | MONTH 2 | 23 19 8 DAY YEA 23 19 8 | AR 24. HOUR 9:15 |
| 1 Second 1 S | 7a. B1 | ALE WH RTHPLACE (STATE OR REIGN COUNTRY) (Ansas TY OR TOWN OF DEA | 7b. | Feb.14,1920 62 VRS. | | | RIED . 9. BA | 9 BALTIMORE CITY OR COLINTY OF DEATH | | | | |
| 00 | | | | (IF NOT IN SUCH FAC | PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) FVIOW AVE VE RESIDENCE BEFORE ADMISS | | HER INSTITUTION | FOR MOST C | OF WORKING LIFE) | YPE OF WORK | OR INDU | STRY |
| 35 | 13a. S | TATE ITYLAND | P.G. | HER INSTITUTION, GIV | 13c. CITY OR TOWN Takoma Pa | | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET A | onley R | oad | | |
| 7 | Ar | THER'S NAME FIRST | | H. | Stubbs | | 15. MOTHER'S MAID FIRST Therese | | MIDDLE | | Dahl LAST | |
| NOVAL. | (Y | VAS DECEASED EVER es, no, or unknown) (es-Army | IN U.S. ARMED (IF YES, GIVE WAR | OR DATES) | 16b. SOCIAL SECURI 486-10-89 | | Margaret | M. Stul | ADDRE: | | ress Sa 13e. | me as |
| AL, CREMATION, OR REMOVAL. | | Canditions, if a gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN | IMMEDIATE C iny, which immediate the <u>under</u> - | AUSE (a) G DUE TO, OR (b) DUE TO, OR (c) | UNSHOT WOUL AS A CONSEQUENCE AS A CONSEQUENCE JUT NOT RELATED TO THE TER | OF OF | | | | | | |
| JRIAL, CREW | CERTIFICATION | 190. DATE OF OPERA | TION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 20 AUTOP | | |
| 13 | MEDICAL CERT | 210. EXTERNAL CAUS UNDERLYING CONTRIBUTING | OR CAUSE OF DEA | TH ? P.M. | MONTH DAY YEA | 2 5 | ow INJURY OCCURR | | E OF INJURY IN ITEM | 18 PART I OR PA | |) NOL |
| | MED | 21d INJURY OCCURE WHILE DOT AT WORK AT W | WHILE I | STREET, FACT | ORY, FARM, ETC.) | | STREET S1 Fairviev | | akoma P | k.,Pr | ince Ge | |
| BALTIMORE, MARYLAND, 21201 PR | | Tie I certify the death resulted from ACTUAL SIGNATURE | | the remains desc | Action S | | Hamicide (SPECIFY) | Undetermin | ed manner | and in my a], DATE SIGN | 2-23 | Md. 3-82 |
| TIMOR TIMOR | | EXAMINER'S NAME (TYPE OR PRINT) | Thor | nas D. S | mith, M.D. | 0 | _ADDRESS | | Penn S | +. | | |
| 20 | 24. F | URIAL, CREMATION, R SPECIFY) Cremati UNERAL DIRECTOR | on Fe | b.25,198 | 23c. NAME OF CI | coln | Crematory 125a. DATE | 23d. LOCAT CITY OR TO Bren 1 EREC'D. BY REG | twood | P.G | Mar | state |
| 7 (5)) | F | Gasch's S | ons F. | H. P.A. | Hyattsvill | e, M | a. MAH | 1 198 | 12 1 | A. C. | | |

97 (875, 11, 77

1 " - 5"

Sett i tet

Margaret M. Ethiolic

Val 130.

Taken to the content of the content

and Thorona Thorona Other Sound 16

E008-01-004

Greentien Teb. 25, 1982 Ft. Lincoln Cremtany Respond Ft. Shryland

Rd., Suitland, Md

(VRA 15, 4)

Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Continue continue The contract of the second sec

| 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | 3 3 3 | 2. 4 |
|--|----------------|-------------|
| NEO. INC. | | |
| 1. DECEASED NAME FIRST MIDDLE LAST 70. DATE KNOWN XI MON | NTH DAY YEAR | 26 HOUR |
| LOUISE E. SUMMERS | 3 19 82 | |
| 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (INVERS) IF UNDER TYR. IF LINDER 24 HRS. 27. DATE MON | | - |
| MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED | 3 19 82 | 4:48 |
| 76 BIRTHPLACE (STATE OR) D. CITIZEN OF WHAT COUNTDY? | UNITY OF DEATH | La M |
| FOREIGN COUNTRY) MARRIED NEVER MARRIED | | |
| Ga. U. S. A. WIDOWED DIVORCED Prince Georg | e's Co. | JSINESS |
| Cheverly Prince George's Gen. Hospital For Most of Working Life) Nurse | OR INDUST | RY |
| USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) | | |
| 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 137. STREET ADDRESS 138. STREET ADDRESS 139. STREET ADDRESS 130. STATE 130. STATE 130. STREET ADDRESS 130. STATE 130. STATE 130. STATE 130. STREET ADDRESS | Pood | |
| M FATHER'S NAME | z Koau | P-9-9 |
| W. W. Edmondson Aleathia Wr | right | |
| 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | rgne | |
| (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 579-48-9190 Aleathia S. Crawford-3126 S | Saucedonn 10 d | |
| No 579-48-9190 Aleathia S. Crawford-3126 S | APPROXIMATI | |
| PART I DEATH WAS CAUSED BY: | BETWEEN ONSE | T AND DEATH |
| MMEDIATE CAUSE (a) Multiple injuries with complications (DUE TO, OR AS A CONSEQUENCE OF | | |
| Canditions, it ony, which | | |
| gove rise to immediate (b) | | |
| lying cause lost. | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | |
| 8 | | |
| 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY | ? |
| | YES K | NO 🗆 |
| 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1.0 | | |
| UNDERLYING ONTRIBUTING CAUSE OF DEATH 7:57*XX 9-9- 1981 Driver in auto/fixed object im | pact. | |
| 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION | | |
| WHILE NOT WHILE AT WORK AT WORK TO AN ORD STREET, FACTORY, FARM, ETC.) STREET CHOST CHYOTOGN STREET CHOOSE Rd., FOR STREET CHOOSE RD., F | .Prince G | eorge |
| | | Md. |
| | y opinian | |
| | | |
| ACTUAL SIGNATURE DA ASSISTANT MEDICALEYAMDIES DA | TE 2-4-82 | |
| MEDICAL EAAMINER SIC | SNED Z 7 OZ | |
| EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St. | | |
| 230, BURIAL, CREMATION, REMOVAL 236 DATE 231, NAME OF CEMETERY OF CREMATORY 236 LOCATION | | |
| (SPECEFY) | COUNTY ST | TATE |
| Burial 2-9-82 Harmony Memorial Park Landover, Md. | | |
| Burial 2-9-82 Harmony Memorial Park Landover, Md. 24 FUNERAL DIRECTOR NAME PROPRIED TO STANDARD PROPRESS 524 - 8th St., N. E 250. DATE REC'D. BY REGISTRAR P | SSIGNATURE | |

30 U · Filde George's Pa. Cheverty Prince Parry a Con. Reppital 7:57% 9-5- 01 Driver in auto/livec object incact. * rusu Cheater Second ... Forestville, Prince-Secret . T THE !!! Sent Liver, W. ..

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

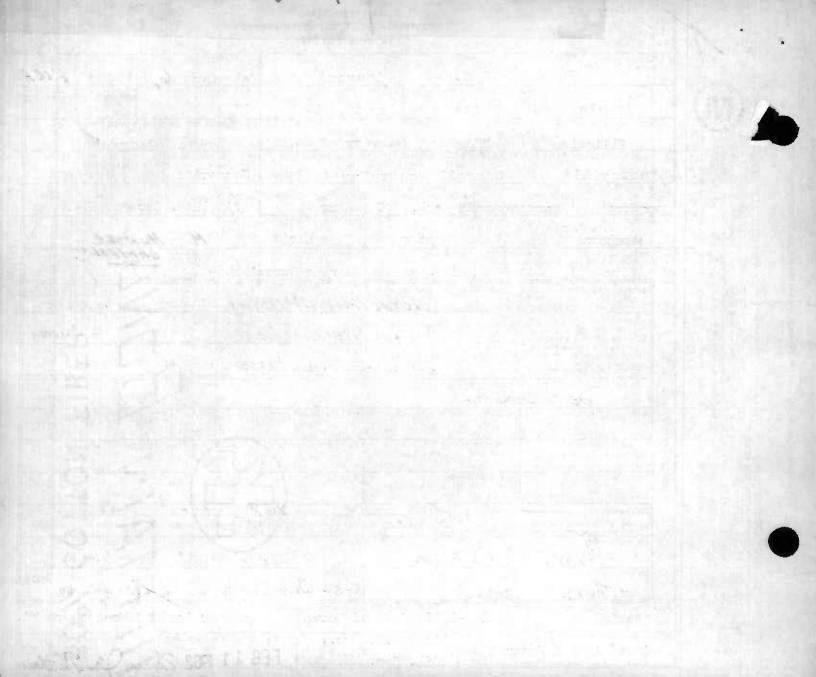
| | 2. | 0 | 5 | 1 | 5 |
|--|----|---|---|---|---|
|--|----|---|---|---|---|

| REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. N | 10 | | | |
|--|----------------------------------|---------------------------------------|-----------|--------------------------------|-----------------|--------------|----------------|------------------------------|-------------|-------------------|
| I. DECEASED NAME FIRST | | IDDLE | 1. | AST | 20. DATE OF | | MONTH | DAY YEAR | 26 HC | OUR |
| Jun | e | C. | S | uraci | Februa | arv | 6. | 1982 | 6: | CO AM |
| 3 SEX | 4. RACE | | 5. DATE C | | 6 AGE (IN YE | | RTHDAY) | IF UNDER 1 YE. | AR IF UND | ER 24 HRS |
| Female | Whi | te | May | | 78 | | YRS | MONTHS DAT | S HOURS | MIN. |
| Ta. BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF V | VHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMOR | ECITY | | Y OF DEATH | - 5 | 1 |
| Illinois | US. | A | WIDOWE | | Pr | inc | e Ge | orge | | MD. |
| 18 CITY OR TOWN OF DEATH | | | HOMEC | OR OTHER INSTITUTION | 12a USUAL O | CCUPAT | ION | | OF BUSIN | |
| Hyattsville | | | | Nursing Hom | | | | | home | 3 |
| USUAL RESIDENCE (IF NURSING HON | E OR OTHER INSTITUTION | | DMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET A | DDRESS | | | | |
| Maxxkand Re | XXGBBKKER | | | YES XX NO | | | . Str | eet, N | .W. | |
| Woodard | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | WIDDLE | | | 1241 | |
| Mandward | | Hunter | | Marie | | 14. | HU | NTER | LASI | |
| 160 WAS DECEASED EVER IN U.S | ARMED FORCES? | 16b SOCIAL SECUR | ITY NO. | 17 INFORMANT | | 983 | | MIGHL | rive. | UX |
| no | - | 214-48-9 | 898 | Charles Sura | ci-son- | | sinet | 1 | , | |
| 18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA | r anly ane cause per | | | | | ICE II | | APPR BETWEE | OXIMATE INT | ERVAI ID DEATH |
| | DIATE CAUSE (a) | CERE | Poro! | VASCOVAN ACCIO | ENT | | | | MSDIAN | |
| 4-360 | DUE TO, OR | AS A CONSCOUEN | | | | | | 7 | . 2 | |
| Conditions, if ony, which gove rise to immediate | | ansi | 3431 | MYEHOSCICHO. | 513 | | | 1 | 346 | nes |
| couse (o), stoting the | DUE TO, OR | AS A CONSEQUEN | ICE OF | 4 | 1. | | | | | |
| underlying cause last | (c) | BENE | SKM. | CO ANTENOS CI | | 4.01 | | | | |
| | | | ATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE | ORCON | IDITION G | IVEN IN PART | la | |
| e denile | DEMENTIL | | | | | | T | | | |
| JENTILE 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING | 19b. CONDII | ION FOR WHICH C | PERALIO | N WAS PERFORMED | 20a AUTOR | 243 | | ES, WERE FINI IFYING CAUS | | |
| 21g. ACCIDENT WAS UNDERLYING | - C - 214 THAT OF | INTITION | | In How haven | | NOW | | res 🗌 | NO | |
| OR CONTRIBUTION CONTRIBUTION | | A. MONTH DAY | YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATI | IRE OF INJU | JRY IN ITEM 18 | PART 1 OR PART 2 |) | |
| (IF EITHER NOTIFY MEDICAL EXAM | | | 19 | | DU T | | | | | |
| (IF EITHER NOTIFY MEDICAL EXAM | 21e, PLACE C | OF INJURY ET, FACTORY, OFFICE, FAR | RM. ETC) | 211. LOCATION STREET | | CITY OR TO | OWN | COUNTY | | STATE |
| NOT WHILE AT WORK | | | | | | 1. | | | No. | |
| 22a.1 certify that (1) (4hrs in | ospital, attended the | | 1.1 | 12 19 80 | , ta | 716 | | 19 82 | _, thot (I) | (we) lost |
| sow the deceased alive above, (1) (we) (did) (did | | 17/20 19 87 | , an | d that in (my) (our) opinian | deoth accurred | on the d | lote and ha | our and from the | he couses s | tated |
| 226 SIGNATURE | -0 n | 0 | [| DEGREE | | | | 22c. DA | TE SIGNED | |
| onem | sohl | On ha | | ATTENDING PHYSICIAN | MEDICAL | STA PHYSI | FF CIAN [] | 216 | 0/82 | |
| 22d. PHYSICIAN'S NAME (T | PE OR PRINT) | | | 22e ADDRESS | 1 | | | | | 200 15 |
| Dr. Thomas | Cul1 | en | | 5454 Wiscon. | SIN HAD | 148, | BETTE. | SDA, MAC | yans | |
| 23a. BURIAL, CREMATION, REMOV | 7AL 23b. DATE 2- | | | emetery or crematory of Heaven | 23d LOCAT | ion YouSt | ring | Montg | omery | y™^Md. |

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home Sil. Spr. Md.

11800 N.H. Ave.,



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| D | FOR STAT |
| | |

STATE OF MARYLAND

| 8 | 3 | |
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| O | ting | |
| | | |

| 1 | - STATE - REGISTRAR | | DEPART | | ICATE OF DEATH | REG. N | 0 | 3 | .) | 1 |
|---------------|--|-------------------------------|--|-------------|--------------------------------------|---------------------------------|------------------|---------------------|---------------|-----|
| 1. DE | CEASED NAME FIRST | | MIDDLE | 21 | AST | 20. DATE OF DEATH | | AY YEAR | 2b. HOUR | - |
| | | LLEN | TENEBAU | M (Te | nenbaum) | FEBUARY 12 | 1983 | 2 | 6:30 8 | a , |
| 3. SE | X | 4. RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BI | RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 H | |
| | 'EMALE | WHITE | | OCTO | BER 26, 1929 | 52 | YRS. | NONTHS DATS | HOURS M | IN. |
| ≠ 7d. B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARDIE | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | 71 11 | Т |
| | ENNSYLVANIA | UNITED | STATES | WIDOWE | | PRINCE GEO | ORGE'S | COUNTY | Z | M |
| | ITY OR TOWN OF DEATH | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESSI | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | | OF BUSINESS | OF |
| | NDREWS AFB | | | | DICAL CENTER | HOUSEWIFE | | nor | 1e | |
| 13a. M | | NTY DLINE | 13c. CITY OR TOW HENDERSO | N | 134. INSIDE CITY LIMITS? YES NO 🔀 | Rt 1, Box | 3 | | | |
| 14 F. | ATHER'S NAME FIRST | MIDDLE | ŁAST | | 15 MOTHER'S MAIDEN NAM | ME | | LAS | | |
| C | LIFFORD WAYNE | | | | LAURA ELLEN | | | LAS | | |
| | WAS DECEASED EVER IN U.S. AF | RMED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDR | ESS | MD | | |
| | | 7-1950 | 096-22- | 9331 | NORBERT TENE | NBAUM, RT | , BOX | 3, HEN | DER SOI | I |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. |) b) | R AS A CONSEQUE | NCE OF | Lymphema | | | |)1 | |
| Z | PART 2. OTHER SIGNIFICANT | | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART TO | D . | = |
| CERTIFICATION | 19a DATE OF OPERATION | 19b. COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDING CAUSES | | |
| EDICAL CER | 2)a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A. | M. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | RT 1 OR PART 2) | | |
| MEDI | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE ((AT HOME, STR | OF INJURY BEET, FACTORY, OFFICE, FA | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | |
| | 22a-1 certify that (1) (this hosp saw the deceased alive or above (1) (wa) idid (did no | | 19 | , on | . 19 Id that in (my) (aur) apinion o | , to leath accurred on the d | | | couses stated | |
| | Sary A | fallun | < | | ATTENDING PHYSICIAN | MEDICAL STA | | 12 F | CH SZ | |
| - | Gary 140 | alund | CPT HE | AE M | 22e ADDRESS | OU HEAR MC | ANDDI | TLIC AFE | 2 MID | |

O HOSPITAL OR ATTENDING

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as with the State Dept. af Health MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE

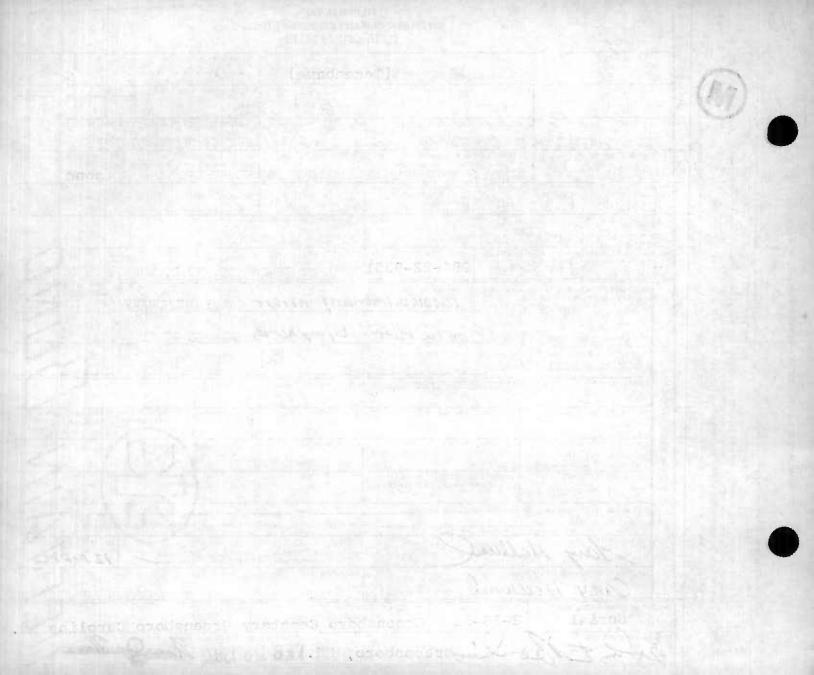
2-15-82

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITYORTOWN
V Greensboro

Caroline Md

Greensboro Cemetery
250 DATE REC'
Ensboro. Md. FEB 18 Greensboro, Md.



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| Ľ | - STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | | |
|---------------|--|---|---|------------------|--|---|--------------------|---|
| | CEASED NAME E OR PRINT) | LIZZIE | M. | TH | IOMAS | Pebrua | | |
| 3. SE | emale | 4 RACE Whit | e | 5 DATE O | | 6. AGE (IN YEARS LAST BIRT | | FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN |
| | IRTHPLACE (STATE ORF COUNTRY) aryland | OREIGN 76 CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOW! | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O Prince Ge | county of orge | S MI |
| | inton | | | G HOME | or other institution and Hospital | 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife | F WORKING LIFE) | 126. KIND OF BUSINESS OF |
| 130 | ALRESIDENCE (IF NUR STATE ryland | SING HOME OR OTHER INSTITUTION 136 COUNTY P.G. | I 3c. CITY OR TOW Landover | N | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS 3839 64th | . Ave. | |
| | harles | MIDDLE M. | Thomas | | 15. MOTHER'S MAIDEN NAM | MIDDLE | | McKinney |
| | YES, NO OR UNKNOWN) | IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 579-24-0 | | Roy E. Thomas | _ | | Colebrook Dr 11s, Md. |
| Z | Conditions, if ony gove rise to imm couse id., statiunderlying couse | medicte ing the colors NIFICANT CONDITIONS | ONTRIBUTING TO I | Ve He | eart Failure | INAL DISEASE OR CON | DITION GIVE | |
| CERTIFICATION | 190. DATE OF OPERA | | | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDINGS USED ING CAUSES OF DEATH? |
| MEDICAL CERT | 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE AT WORK AT WORK | CAUSE OF DEATH AL EXAMINER) RED 21e. PLACE (AT HOME, S1 | OF INJURY .M. MONTH D, .M. OF INJURY REET, FACTORY, OFFICE, F | 19 | 216. HOW INJURY OCCURR 216 LOCATION STREET | | RY IN ITEM 18, PAR | |
| | 220. I certify that (I) say the decay above, (I) (we) (I) 22b. SIGNATURE 22d. PHYSICIAN'S N | (this hospitol) ottended the deal olive on Februa did (did not) view the body | rv 19 19 | 82 | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAI | FF | 22t. DATE SIGNED Feb. 19, 198 |
| 230 | Massoud BURIAL, CREMATION, (SPECIFY) Buria | REMOVAL 23b DATE | | | 4235 28th. | 23d. LOCATION CITY OR TOWN | | ts, Maryland OUNTY STATE ederick Md. |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

IMPORTANT: If Item 2

Burial Feb.22,1982 Mount Olivet

24 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Md.

- FR 7 7 1447

R 25h REGISTAR'S SIGNATURE

| on | October 21, 1891 | 14 | | | | | |
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| | y. | .1.2. | ti - II | hantyani | | | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦪 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME FIRS1 MIDDLE 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 82 WILLIAM **THOMAS** H 02 :30 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS Garo 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TEN OF WORK FOR MOST OF WORKING LIFE) CHEVERLY PRINCE GEORGE'S GENERAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST FIRST LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17_INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO . ON ASA underlying couse lost. ATT 2 MILLER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED WE CONDITION FOR WHICH OPERATION WAS PERFORMED % DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO M 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive an. obove, (1) (we) (did) (did not) view the body after death. 276. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

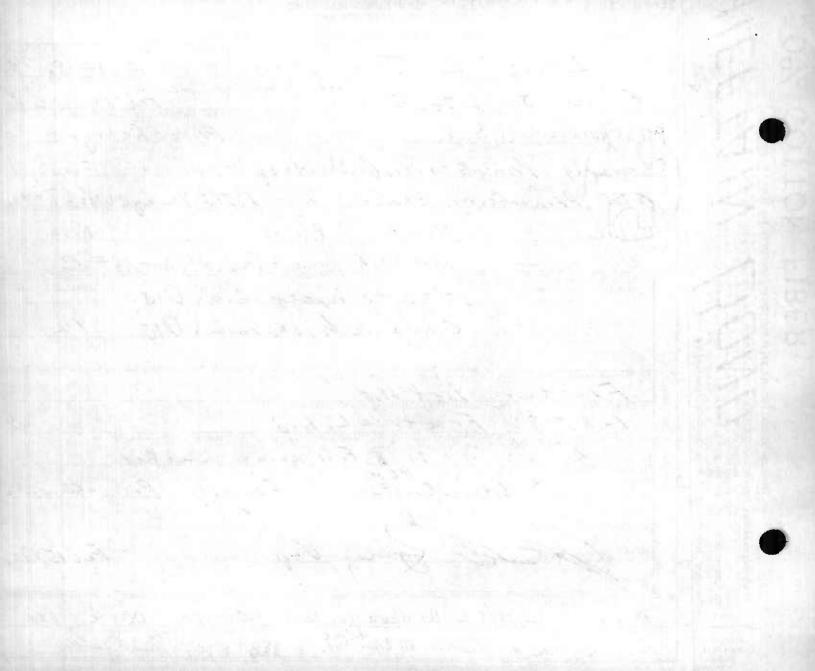
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23 NAME OF CEMETERY OR CREMATORY

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| | | ems 21a & 22a G565 3/12/82 dadstate of Maryland | |
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| 9 | 1- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE | 5 1 3 6 |
| | - | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | |
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| 対名は | 1 | Leng L. Insmit on DEATH MATED US | 614 1082 PM |
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| 图4·美丽人人 | 7 B | IRTHPLACE (STATE OR). CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO | OUNTY OF DEATH |
| BASS SAN IS | I | | VGV 9 PV MD. |
| | 10 C | TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE) | WORK 12Y KIND OF BUSINESS OR INDUSTRY |
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| 5 22 98 7 / | 13a. S | AL RESIDENCE (IF IN NUMBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 131. COUNTY 132. CITY OF TOWN 134. INSIDE (ITY LIMITS? 139. STREET ADDRESS | |
| 21201 AND34 PETAD34 | | Md Pronectery 138WI VES NO 1 /3010 Young | swood Inva |
| H. IF 17.2. | 14. F. | ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE | IZAL |
| RE, M ESTH. SESTH. SESTH. | 1 | William Minor RAChel | Rush |
| TIMORI TER DE FORM ES 1 AP | 16a. \ | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 165. NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) | |
| ON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELITEM 18. GIVE PAGES 1, 2, And 3 TONG WITH FORM PM 3. RELAIN PERMIT, PAGES 1 AND 2 SHOULD BE GIENE, DIVISION OF MITAL | 1 | NO 298-10-7103 A Bruce A. Thompson Same A | 15年13 |
| ST., BALT OURS AF 18. GIVE S WITH F MIT. PAGI | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| 201 W. UTED W. IN PEN I | | lying couse last. (c) | |
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| RECORDS. TO BE EXECUTE MEDICAL MEDICAL MEDICAL ACCORDA CREMATI | NO | Fracture lest His | |
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| S SECOND | | CONTRIBUTING CAUSE OF DEATH P.M. 1 21 19 BUELL WILL A LIZE KEY | |
| DIVISION C S CERTIFICA RITING THE RDED TO THE SE 3 SHOULD TO 1 PROPERTY | MEDICAL | 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATOMA 171f, LOCATION STREET, FACTORY, FARM ETC.) STREET, FACTORY, FARM ETC.) | COUNTY |
| DI THIS C WARD PAGE TATE (| 5 | AT WORK AT WORK CITY OR, PARM, ETC.) STREET CHEST OF CITY OR, TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN | ne a ben mospie |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON S ER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HG EXE, WRITING THE WORD. "PENDING" IN PENCIL IN THE ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG. PR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERA ESTATE DEPARTMENT OF HEALTH AND MENTAL HYGEIN UD. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | 22a I certify that I took charge of the remains described above held on Autopsy . Inspection Inquiry . ond in | my opinion |
| A S S S S S S S S S S S S S S S S S S S | | deoth resulted from: Notice Acades Puicide , Homicide Undetermined manner . | my opinion |
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| A HOUSE | | | TATE (= 15/98) |
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| TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO | 0 | EXAMINES NAME [TYPE OF PRINT] ADDRESS | |
| TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2 | 23a.B | URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION SECURAL CONTRACTOR 236. LOCATION | COUNTY STATE |
| BP | | BURIAL 2/18/8 2 WOOD lawh Mem, FATA CREADO OF | avoe FLA |
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| 1 | STATE REGISTRAR | MEDICAL EXAMINER'S | TH AND MENTAL HYGIENE REG. NO. | 05159 |
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| 175 | 4 RACE | S. DATE OF BIRTH MONTH DAY YEAR DAY BIRTHDAY) MO | UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE NTHS DAYS HOURS MIN PRONOUNCED | MONTH DAY YEAR 26. HOUR |
| | emale negro | May 12, 1914 69 ks. | DEAD S BALTIMORE CITY O | 2 11 182 10:22 PR COUNTY OF DEATH |
| | foreign country) faryland | MAI | RRIED NEVER MARRIED - | |
| | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME, OR O | THER INSTITUTION 120 USUAL OCCUPATION (TYPE | OF WORK 12b. KIND OF BUSINESS |
| | Cheverly | Prince George's Gen. H | osp. Retired | OR INDUSTRY |
| 13a. | STATE 136 CO | me or other institution, give residence before admission) UNITY 13c, CITY OR TOWN Doer Marlboro | 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES NO 14025 Manch | ester Road |
| 14. | FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NAME | LAST |
| | Irving | Green | Minnie 17 INFORMANT ADDRESS | Kidwell |
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| I | 10 | 579 05 5736 | Earl Tolson-son-1402 | OTO, MOPPROXIMATE INTERVAL |
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| | LINDEDLYING MOD | | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) |
| MEDICAL | 1214 INTURY OCCUPRED | DE DEATH 9 338 M. 2-11- 1982 P | assenger in auto/auto coll | ision. |
| - 1 | WHILE NOT WHILE | STREET, FACTORY, FARM, ETC.) | STREET CITY OR TOWN | COUNTY STATE |
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| | | arge of the remains described above, held an Autoral causes . Accident . Suicide T | apsy XI, Inspection L. Inquiry L. an Inquiry L. an Undetermined manner | d in my apinian |
| | A | Sucide L | TITLE (SPECIFY) | |
| - | SIGNATURE / | 1 | M.D. Assistant MEDICAL EXAMINER | DATE SIGNED 2-12-82 |
| 1 | EXAMINER'S NAME (TYPE OR PRINT) | Ynn M. Dixon, M.D. | _ADDRESS_ 111 Penn St. | |
| 230 | BURIAL, CREMATION | The Date /2007 De NAME OF CEMETERY | ection Cemetery-Clinto | n county arval a HAM |
| 74 | Burial FUNERAL DIRECTOR | Feb. 1671982-Resupt | 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR | |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) WILHELMINA SOPHIA TRUEMAN 82 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White Feb. 16, 1893 Female 88 To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. Prince Georges County U.S.A. WIDOWED A 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION RACE OF BUSINESS OR Horse Trainer Clinton Southern Maryland Hospital Track USUAL RESIDENCE (IF NUR HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130Maryland Seabrook 13d. INSIDE CITY LIMITS? 6501 96th Avenue Georges YES DO NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Henry Reuter Ernestine Kaiser 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577 48 2070 Martin C. Reel Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c'... APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last CERTIFICATION 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC.) COUNTY CITY OR TOWN STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 77h SIGNAPORE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 2/8/82 Maryland Cedar Hill Cemetery Brentwood, ISTRAR 286 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home. P.A.

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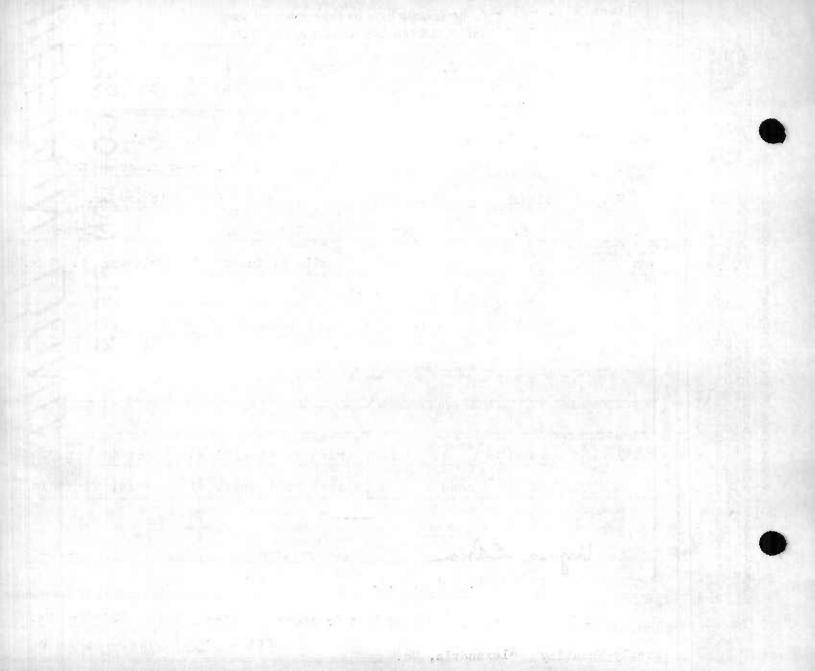
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Hyattsville, Maryland

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| 111 | DECEASED NAM | E AL FIE | RST | Lf.&22a 0-82 _{MED} | MIDDLE | | I J CI | AST | UNIE (| 20 | DATE KI | REG. NO | | DAY | YEAR | 26. HOUR |
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| | EX | 4. RACE | 5. D. | ATE OF BIRTH | YEAR | LAST BIRTHDAY | | | IF UNDE | | DATE | FD | HTMOM | DAY | YEAR | 14 H24 |
| | Male | White | 100 | ine 16,1 | 901 | 80 YRS | Moranis | DAIS | HOURS | | DEAD | | 2 | | 1982 | P. A |
| | BIRTHPLACE (| | | ITIZEN OF WH | AT COUNT | | | | VER MARE | IED 🖳 | BALTIMO | | | | | |
| 10. | North C | arolina Of DEATH | 1367 | U.S.A. | ITAL, NURS | | WIDOWE OR OTHE | | DIVOR | | Princ | | | | ounty | |
| | Bowie | | | IF NOT IN SUCH FAC | ILITY, GIVE STR | | | | | FOR MC | st of worki | NG LIFE) | | S | industi elf | ťΥ |
| | UAL RESIDENCE | [136 C | OUNTY | ER INSTITUTION, GIVE | | FORE ADMISSION | 1) | 13d. INSIDE C | ITY LIMITS? | 13e STREE | | | | | | |
| | Va | . I | Fairfa | ax | | kandria | | YES 🗌 | NO X | 6 | 803 | Smith | way I | or. | | |
| 4. | FATHER'S NAM | E | MID | | | \ST | | F | ER'S MAID | EN NAME | AID | DLE | | | LAST | |
| 60 | S. WAS DECEASE | D EVER IN U | E . | | | itor | NO. 11 | 17. INFOR/ | Ida | | | ADDRESS | 5 | Cr | ouch | |
| | YES, NO, OR UNKN | OWN) (IF YE | S, GIVE WAR O | R DATES) | | 18-4856 | | | | Tutor | 680 | 3 Smi | | , Dr | . A1 | ex.Va |
| = | 18. CAUSE | OF DEATH (En | ter anly and | cause per line f | | | | | | | | | | T AP | PROXIMATE | |
| | PARTID | EATH WAS CA | AUSED BY: EDIATE CA | USE (a) Pu | Imona | ry Emb | oli | | | | | | | | | ALLE DIVIN |
| - | 7 8/3 | ons, if ony, v | which | DUE TO, OR | | | | | | | | | | | | |
| - | gave | ise to imme | diate | (b) DI | | njury | TO TI | runk | and | right | reg | | | - | | |
| Ŋ | lying ca | | ildei | | IS A CONS | EQUENCE OF | | | | | | | | 1 | | |
| | | IGNIFICANT COND | ITIONS CONTRI | (c)BUTING TO DEATH BI | JT NOT RELATE | O TO THE TERMINA | AL DISEASE C | DR CONDITIO | N GIVEN IN P | RT I (a). | | | | | - | |
| NOIL | In Division | FOPERATION | | T | | | | | | | | | | | | |
| EICA | IYO. DATE O | POPERATION | | 196 CONDILI | ON FOR W | 'HICH OPERA' | IION WA | AS PERFOR | MED? | | | | | | UTOPSY? | |
| CDT | ZIO EXTERN | 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY | | | | | | | YES XX NO [INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | | | | | NO [] | | |
| MEDICAL CEPTIFICATION | UNDERLYIN | G XXOR | E OF DEAT | HOURXXXXX | HTMOM. | 5 19 82 | | | | tuo/fi | | | | | t | |
| TEN! | 21d. INJURY | OCCUPPED | | 21e PLACE O | RY. FARM. ETC | (AT HOME, | 21f. LOC. | | | | CITY OF TOWN | | | UNTY | | STATE |
| - | AT WORK | NOT WHILL | E CX | ro | ad | ., | Bea | con | Hill | Road | , Ale | xand: | ria, | Vir | gini | a |
| | | | | he remains desc | ribed abov | e, held an | Autapsy | XX. | Inspectio | n . | Inquiry [|], on | nd in my ap | pinian | | |
| 3 | death resul | ted fram: | Natural ca | uses | Accident | X), Suici | de 🔲 , | Homie | cide . | Undeter | mined man | ner . | | | | |
| | ACTUAL | 11.00 | | y An | | | | | PECIFY) | - + | | | DATE | , | 2-20- | 82 |
| | SIGNATURE | vvg | mia | 2000 | an | | M. | ASS | 1514 | nt_MEDIC | AL EXAMI | NER | SIGNE | ED | | 02 |
| | EXAMINER'S | NAME INT) | Virgi | nia L. | Dolar | , M.D. | A | DDRESS_ | | II Pe | nn St | reet | | | | |
| 230 | BURIAL, CREMA | | VAL 236. D | ATE | 23c. N/ | AME OF CEME | | | ORY | 23d. LOC CITY OR | ATION | | COU | NTY | SI | ATE |
| L | B | urial | | -23-82 | M: | comfc | ort C | | | A1 | exand | | Fa | irfa | x V | a. |
| 24 | FUNERAL DIRE | CIOR | | ADDRESS | | | | | ZSO. DATE | REC'D. BY R | EGISTRAR | // | ISTRAR'S | | Marc | re |
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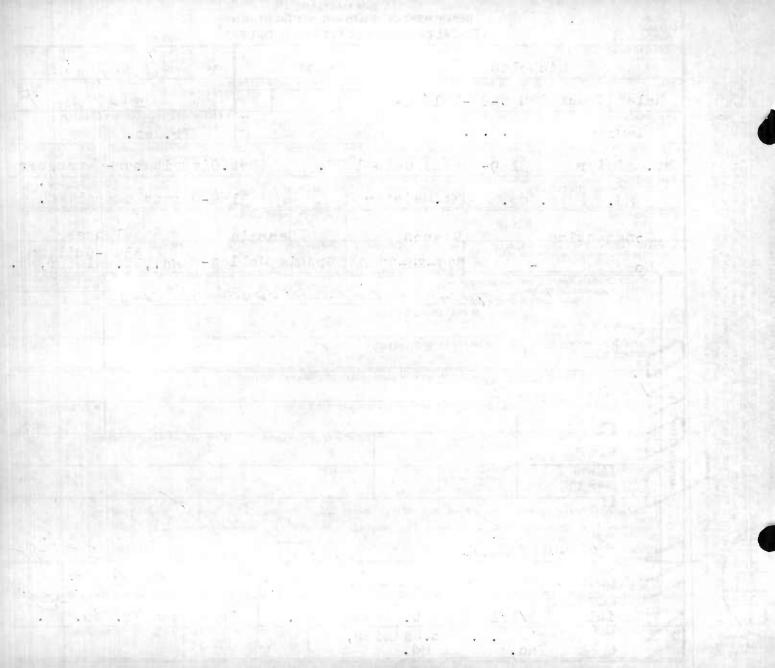
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| 3/1- | STATE REGISTRAR | | | | EXAMINE | | | | F DEA | fi-vp | PEC | NO. | 3 | ŧ | 0 | 0 |
| | ECEASED NAME | FIRST | | MIDDLE | | l . | AST | | | OF | KNOWN ESTI- MATED | 1 1 | MONTH 2 | DAY 6 | YEAR 82 | 2b. HOUR |
| 3. SE | EX 4. | RACEOVER | 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. | | | | | 2c. DATE | | | HINON | DAY | YEAR | 10:22 | | |
| | | Vegro | 6-23-1 | | 64 YRS | | DAYS | HOURS | _ 4 | DE GEAD |) | | 2 | 6 | 19 82 | р. м |
| 77 | BIRTHPLACE (STATE FOREIGN COUNTRY) South Ca | rolina | 76. CITIZEN OF WH | | | WIDOWE | 4.5 | DIVORCE | ED 🗆 | Pri | ince | Geo | orge | 's | Count | |
| 3 R | iverdale | | II NAME OF HOSP (IF NOT IN SUCH FACE Leland Me | HITY, GIVE ST | al Host | nital | DOA | ON | FORM | ALOCCU OST OF WOR | RKING LIFE) | | FWORK | OR | ND OF BU | RY |
| / | D.C. | 131. COUNT | OTHER INSTITUTION, GIV Y | | OR TOWN hington | | YES 🙀 | NO [| | T Sou | | Dako | ota | Ave | . N. | Е |
| 14. F | FATHER'S NAME FIRST | | MIDDLE | | LAST | 1 | 15. MOTHER | ST | N NAME | | AIDDLE | | | | LAST | |
| 160 | Nelson WAS DECEASED I | EVER IN U.S. ARM | ED FORCES? | | ler | NO. | CO1 | | | 126 | ADDS | RESS | | Гу1 | er | |
| | Yes, NO, OR UNKNOW! | N) (IF YES, GIVE W | War II | | -15-840 | | Verno | | | 136 (Washi | | | | | | |
| | Conditions, gave rise couse (a) st lying cause | - | DUE TO, OR A | AS A CON | ENSIVE OF | F | | | | ease | | | | | | TAND GEATH |
| CERTIFICATION | 19a. DATE OF O | PERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | 20. AUTOPSY? | | | | | | |
| | | | 21b. TIME OF HOUR A.M. | | DAY YEAR | 21c. HO | W INJURY C | OCCURRE |) (ENTER N | ATURE OF IN | JURY IN ITE | M 18 PAR | T 1 OR PAR | | ES 🗌 | № Ж |
| MEDICAL | | CURRED NOT WHILE AT WORK | 71e PLACE O STREET, FACTO | | | ZII. LOC | AT(ON REET | | | CITY OR TO | WN | | COU | INTY | | STATE |
| 2 | death resulted ACTUAL SIGNATURE EXAMINER'S NA | from: Noturo | 1 | Acadent | ve, held an Suici | M.E | Homicio TITLE (SPE Dep | ecify) | Undete | Inquiry rmined mo | anner [|], | | 2/ | 7/19 gs, | |
| | BURIAL, CREMATIO | All the second second | | | AME OF CEME | | | RY | 23d. LO | CATION | | | COUN | ITY | ST. | ATE |
| | Burial FUNERAL DIRECTO | | /12/82 ADDRESS | | incoln 716 Ke | | Inc | a. DATE R | FC'D RY | REGISTRA | nd R 123b. R | Pr | inc RAR'S S | e C | URE MO | 1 |

And the state of t

| | | CEASED NAME FIRST | /82 rc MEDICAL EX. | AMINER'S CERTIF | 2a. D/ | REG. NO. | H DAY YEAR 26 HOUR |
|-----|----------------|--|---|--|---|--|-----------------------------------|
| | | L OR FRIEND | WN #82-9 | Kittle | _ | ATH MATED 2 | 6 19 82 A |
| | 3. SEX | emale negro | | AST BIRTHDAY) MONTHS DAYS | | DATE MONTH | 6 19 82 4:30 |
| 7 | 70 B | RTHPLACE (STATE OR REIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY! USA | 2 8 | IEVER MARRIED | rince George | NTY OF DEATH |
| 100 | | Chapel Oaks | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 5220 Addison | G HOME, OR OTHER INSTIT | UTION 12a, USUAL O | CCUPATION (TYPE OF WORK F WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY |
| 7 | USU/ 13a. S | LESIDENCE (IF IN NURSING NOME OF TATE 13M COUN | R OTHER INSTITUTION, GIVE RESIDENCE BEFOR IY 13c. CITY OR Washin | RE ADMISSION) TOWN 13d. INSIDE | CITY LIMITS? 130 STREET AT | DDRESS Anacostia R | load S.E. |
| | | ATHER'S NAME First Zimmie | MIDDLE LAST Fogle: | | HER'S MAIDEN NAME FIRST Josephine | MIDDLE | Bull |
| | 16a. \ | VAS DECEASED EVER IN U.S. ARA ES. NO, OR UNKNOWN) (IF YES, GIVE Unkn. NO | WAR OR DATES) | | R(Möther) ephine Fogle | ADDREShing 603 Morton | |
| | NO | Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . | E CAUSE (a) SMOKE & S DUE TO, OR AS A CONSEG (b) DUE TO, OR AS A CONSEG (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO | QUENCE OF | | i injury | |
| - | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFO | DRMED? | | 20 AUTOPSY? |
| 3 | MEDICAL CERT | 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 216. INJURY OCCURRED WHILE AT WORK AT WORK | 21e PLACE OF INJURY (A | Y YEAR 19 82 House THOME 211. LOCATION STREET | CITY | OR TOWN C | |
| | | 22a I certify that I taak charg death resulted from: Natur | e of the remains described above, h | neld an Autapsy X | | ed manner X, | Mal |
| | | EXAMINER'S NAME AN | n M. Dixon, M.D. | | 111 Per | | |

30M 7/73

STATE OF MARYLAND



BP.

(VRA 15, 4)

| | | FOR STATE REGISTRAR | | | MENT OF HEA | ATE OF D | MENTAL HYG | IENE 8 | REG. NO | 0 | 5 | ŀ | 5 5 | |
|------------------------------------|---------------------|--|------------------------------------|--|------------------|---------------------|------------------------------------|----------------------------------|----------------|-------------------|--------------------------|------------------|-----------------------------------|---------------|
| dto of the | | CEASED NAME FIRST Phili | | R | Wac | hter | , Sr. | 2a. DATE OF | | 2 | 19 | YEAR | 26 HOUR 12:12 | <u>-</u> گ |
| The | 3. SE | Male | 4. RACE | nite | 5. DATE OF MONTH | BIRTH 18, 1 | 916 ^{YEAR} | 6 AGE (INY | EARS LAST BIRT | HDAY} | MONTHS | DATS | IF UNDER 24 HR | _ |
| 35 | M | RTHPLACE (STATE OR FOREIGN COUNTRY). aryland | U.S.A. | HAT COUNTRY? | MARRIED WIDOWED | | MARRIED . | 9 BALTIMO Prin | ce Ge | - | | | 7 ^ | ND. |
| 13 | | TY OR TOWN OF DEATH Riverdale | Leland | OSPITAL, NURSIN FACILITY, GIVE STREET Memoria | ADDRESS) | | NOITUTION | 12g USUAL ((TYPE OF WORK Sales | FOR MOST OF | | 12b INC In | KIND C DUSTRY | Home Vement | R |
| 23 | 13a. S Vi | | | Strasber | rg | INSIDE C | NO 🗌 | | ADDRESS | alle | y Ro | oute | | |
| 396 | Ed | THER'S NAME FIRST | | achter | | Mary | | ME | MIDDLE | | | Kro | use | |
| S medico | | | RMED FORCES? VE WAR OR DATES) | 570-07-0 | | 7 INFORMA Ielen | F, Wach | iter | ADDRE | | ress 13e | | me as | |
| ijury, ar ather traumatic event, t | Z | Canditians, if any, which gave rise to immediate cause iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT | (b) | AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE ATRIBUTING TO E | d gen Then | ne s | hock , Pu | lmin | ovary. | eden | VEN IN | PART In | 07 | |
| shows any in | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATION ' | WAS PERFO | RMED | 200 AUTO | PSY? | IN CERTI | | | NGS USED OF DEATH? | |
| morked or Item 18 sh | MEDICAL CER | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK | ATH HOUR A.M P.M 21e PLACE O | . MONTH DA | AY YEAR 19 | TIL LOCATION STREET | | RED (ENTERNA | CITY OR TOV | | | PART 2) | STATE | |
| 21 is | | 22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n | 2/19 | 19 | 5/1 82, and | 6 f that in (my) | , 19 <u>8</u> 2 (aur) apinian d | death accurre | d on the do | 19) te and hai | 19_ S ur and 1 | | that (I) (we) la couses stated | st |
| MPORTANT: If Item | | 10mp P. F | Canna | rkat | 1 | GREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAF | F IAN 🔲 | 22 | Z/ | SIGNED 2 | - |
| | | 22d PHYSICIAN'S NAME ITYPE | | | | 2e ADDRES | | | | | | | | |

23c NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL

St. Silver Spring, Md. 20910 23d LOCATION

P.G. Maryland

Cremation 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1

Gasch's Sons F.H. P.A. Hyattsville, Md.

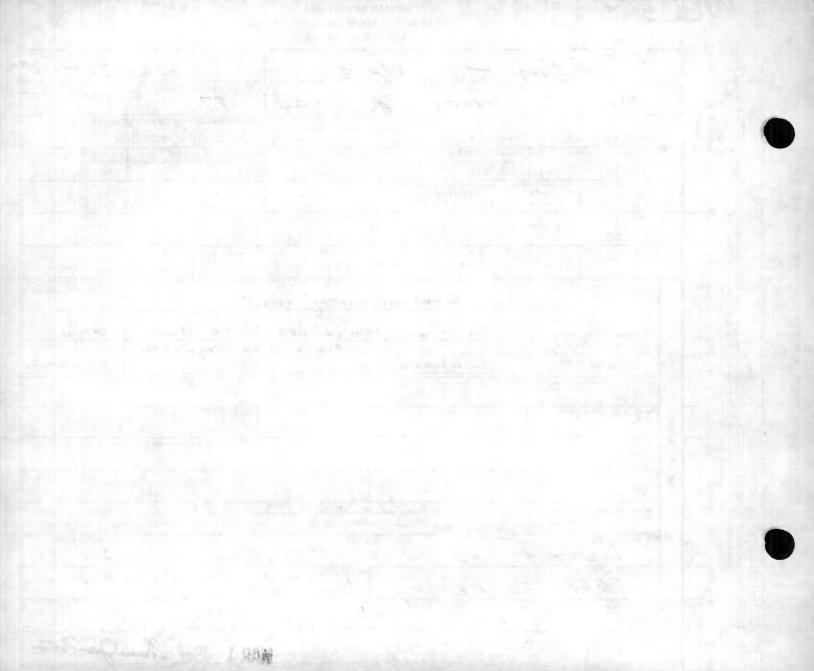
Ft. Lincoln Crematory Brentwood FEB 2 3 1982

| 11 1 2 1 1 C3 | | .98. | | | |
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| | | X. | | .4.2.4 | basterns |
| Thin Acadimit | Saloc | 1-27% | | et all | |
| Cheery Hill Mond | 11556 | γ | aldirettall | Modfin . D. 4 2 | light mis " |
| 9=1041 | | vani | gottos | | See 57 |
| Morrows Ener of | cotto | er anton | | | n. |

Cremation Feb. 22,1982 Ft. Lincoln Frenator's Brentwood F.G. Maryland

P. Gasch's Sons F.H. P.A. Eyattsville, Md. FEES 1882 June

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTIarrison DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE BIRTHDAY) PRONOUNCED To BIRTHPLACE (STATE OR I BALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Wash.D.C. WIDOWED DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK OR INDUSTRY 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Clinton 10120 Maryland NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST LAST Walls, Maude Pinkney 166 SOCIAL SECURITY NO. Dangerfi (YES, NO, OR UNKNOWN) 220 Walls-wife-Maryland Gwendolvn ves 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH propertensue Cardo Vas culos dena PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSECUTOR Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ARDED TO THE CRIED AS A BURIAL IN AGE 3 SHOULD BE USED AS A BURIAL IN ATE DEPARTMENT OF HEALTH AND MEN IN PRIOR TO BURIAL CREWATION, O lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PACE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR P
AFTER DEATH, WITH THE ST
AFTER CEATH, WITH THE ST 220 I certify that I took charge of the remains described above, held on and in my opinion death resulted from Hamicide Undetermined manner Natural causes Suicide TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Ravburn GUSTO TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 131 DATE 23d. LOCATION Burial Feb National Laurel, Maryland BP 24. FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Stewart (VR A15 ME (5)) 15M 2/80



| 3 | at | FOR STATE REGISTRAR | DEPARTMENT OF I | E OF MARYLAND HEALTH AND MENTAL HYGIEN FICATE OF DEATH | REG. NO. |) 5 6 9 |
|---|---|--|---|--|--|--|
| 2 | 25 8 | 1. DECEASED NAME FIRST | se Fromas Was | hing-for | 2 - 12 - 8 | 2 PAY YEAR 26 HOUR 1010 A |
| XO. | | 3. SEX | 4 RACE 5. DATE | | AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR H UNDER 24 HRS |
| - 1 | (184 | Male | Black 10 | 21 65 | 76 | MONTHS DAYS HOURS MIN. |
| | 1 23 23 | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VA | 76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW | D D NEVER MARRIED | Prince Geo. | 011- |
| 4 | 11 174 | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | O. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING | 1 1/6 KIND OF BUSINESS OR |
| 1201 | 41 47 | Cheverly | Prince George Co. | Hosp. | | |
| AND 2 | filled hould b | MD | ROTHER INSTITUTION GIVE RESIDENCE BÉFORE ADMISSION) NTY 13c. CITY OR TOWN Baltimore | YES 🔀 NO 🗌 | street ADDRESS 2214 Bryant | Avenue |
| ARYE | nd 2 s | 14. FATHER'S NAME FIRST | MIDDLE | IS MOTHER'S MAIDEN NAME Lottie | WIDDLE | LAST |
| E, M | | James 160 WAS DECEASED EVER IN U.S. A | Washington RMED FORCES? [16] SOCIAL SECURITY NO. | LOTTIE 17 INFORMANT | ADDRESS | Tolton |
| MOR e exe | Page Medic | | IVE WAR OR DATES) | | | 10 Cottage Gro |
| ORDS, 201 W. PRESTON requires that the death of | sen signed by the atten 1. Then please remove a aor to burol, cremation, y injury, or ather trauma | Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. | Kenal Faile | HOT RELATED TO THE RIVER | k. | |
| NE RECO | te has be risit permit giene prii | NO CICCLE TO THE DATE OF OPERATION 2-11-82 | Sialuria | N WAS POPORMED | I DATE ER | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES TO NO TO |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require offending physician. | certificate rial-transi ental Hygi Item 18 sh | PRESENTATION OF THE PARTY OF THE | ATH HOUR AM MONTH DAY YEAR | THE HOW INJURY OCCURRED | Total Mod | COOK hand |
| NVISION AG PHYS | tter this o | MEDICAL CONTROL OF STREET | TIE PLACE OF INJURY | ZII. LOCATION | CITY OF TOWN | COUNTY STATE |
| ATTENDI | TOR. Alfor use of Healt | 27s.1 certify that (1) (this house on the execution of the control | 2/12/82 | nd that in (my our) opinion dear | th accurred on the date and h | 19 tho Disc) lost our and from the course stated |
| AL OR A | AL DIREC detoched ate Dept. IT: If Item | Konald H | | ATTENDING PHYSICIAN X D | MEDICAL STAFF | 2-12-82 |
| O HOSPIT | should be deto | DONA W | M. Pachors | PGGH | - Cherry | ly hD 20785 |
| 701/00 | | 230. BURIAL, CREMATION, REMOVA (SPECIAL BURIAL) | | | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| 304BP | | 24 FUNERAL DIRECTOR | 2/17/82 Md. V | eteran Cem. | Crownsvi | lle MD |
| | - 16 50M 1/81 'RA 15, 4) | Wm. C. March | F/H 1101 E. North | Ave. | 16 1987 Ma | me Jan Maria |

Jesse Tre Washington 2-12-82 11 31 01 Arthorholds Corpodis Fear's fridas were acette Pand Failure short. . 2-11-52 desidy is Land C. M. Grahma. 1400 X 2-12-52. DOWNER M. Packory PEEH Charley bell 20185 THE REPORT OF THE PARTY AND ASSESSED TO THE PARTY OF THE

| STATE OF MARYLAND | |
|------------------------------------|-------|
| DEPARTMENT OF HEALTH AND MENTAL HY | GIENE |
| CERTIFICATE OF DEATH | |

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. NO. | | | | |
|---|--|---|--|--|------------------------|-------------------------------|--|---------------|-----------------------------------|--|--|
| i | 1. DECEASED NAME (TYPE OR PRINT) | (TYPE OR PRINT) Ruby Evans | | | shing | rton | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR | | | | |
| | 3. SEX Female | | | | 5. DATE C | st 23, 1901 | 6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS. | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | |
| 9 | Tennessee | | | WHAT COUNTRY? | 8 MARRIEI WIDOWE | DE NEVER MARRIED DIVORCED | Prince George | | | | |
| 0 | Adelphi | DEATH | I IF NOT IN SUC | HOSPITAL, NURSIN THEACHITY, GIVE STREET Care Nurs | ADDRESS) | one | 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI Teacher | IFE) INDUSTRY | bl.Sch. | | |
| 7 | USUAL RESIDENCE (IF NURSING HORE OR OTHER IN: 130. STATE D.C. 151. COUNTY | | | NO. GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? Washington YES \(\tilde{\text{V}} \) NO \(\tilde{\text{U}} \) | | | 130. STREET ADDRESS 1785 Sycamore S | street, | N. W. | | |
|) | 14 FATHER'S NAME | | WIDDLE | Evans | | Lillie Carmi | MIDDLE | LAS | 51 | | |
| 3 | (YES, NO OR UNKNOWN) | | RMED FORCES? IVE WAR OR DATES) | 166 SOCIAL SECU 213-38-2 | | 17 INFORMANT George L. Was | ADDRESS hington, husband, | same ad | dress | | |
| | Conditions, if or gove rise to couse (a), ste underlying conditions | ny, which immediate oting the use lost. | ED BY: TE CAUSE (0) DUE TO, O (b) DUE TO, OI (c) | r as a conseque | P F | | INAL DISEASE OR CONDITION GIVEN SHOW | | UMATE INTERVAL ONSET AND DEATH | | |
| | 4 190 DATE OF OPE | RATION | 196. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF YE | S, WERE FINDI | NGS USED | | |

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

220.1 certify that (1) (this haspital) attended the deceased from

P.M. 19 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

STATE

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Burial

230 BURIAL, CREMATION, REMOVAL

214 INJURY OCCURRED

NOT WHILE

sow the deceased alive on

THE PHYSICIAN'S NAME (HE TRIPE!

CERTIFIC

MEDICAL

FOR

Feb. 18, 1982

Lincoln Memorial

23d LOCATION Suitland

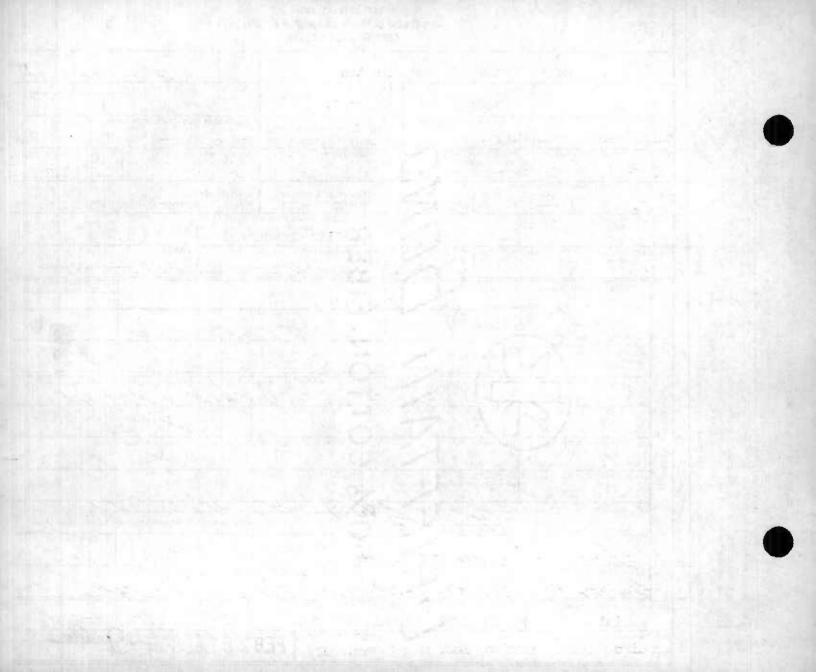
DHMH-16 30M 2/80

BP

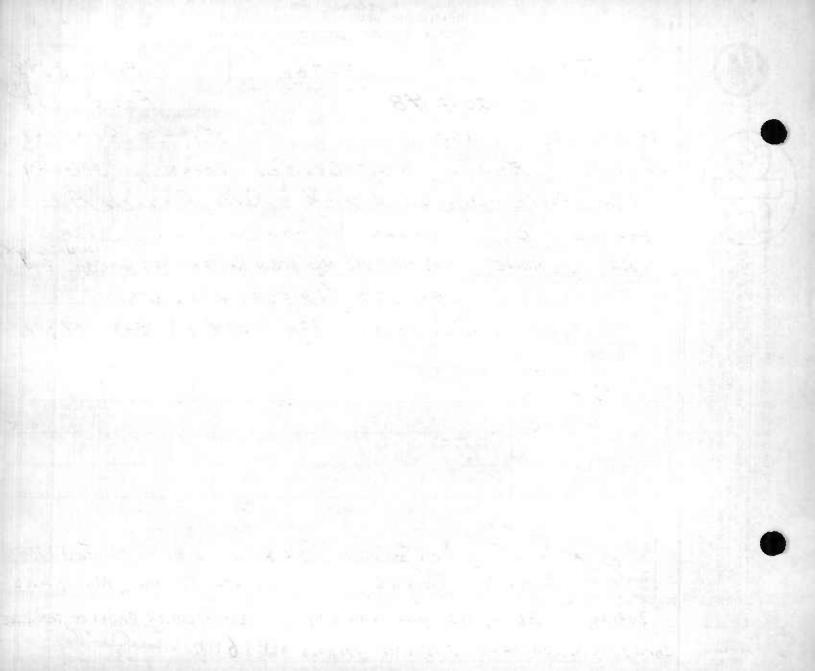
7400 Georgia Ave NADATE RECO, BY REGISTRAR 250 REGISTRAR 2

236. DATE

(VRA 15, 4)

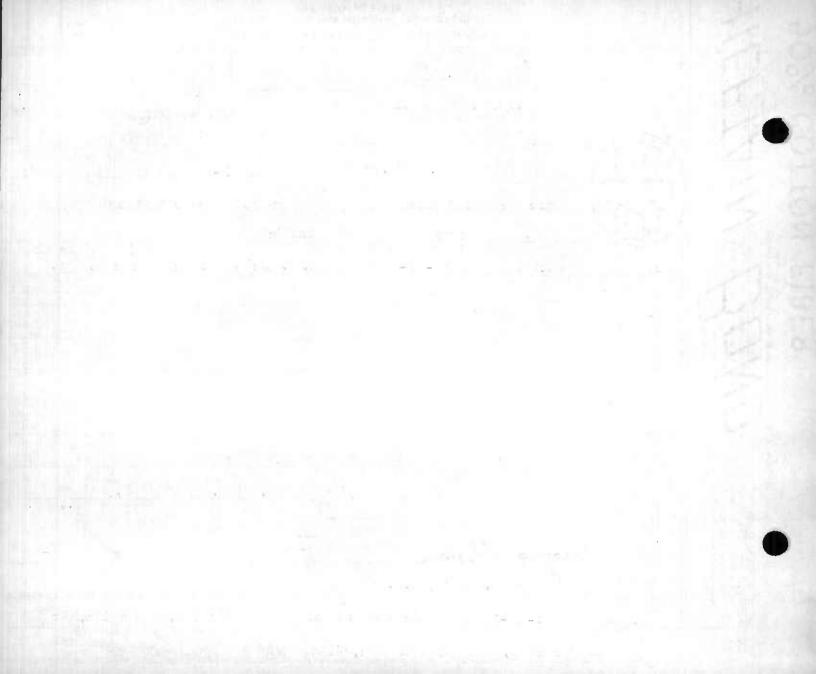


| 1 18 | - | | | E OF MARYLAND | 4 4 4 1 10 | 2 1 |
|--|---------------|--|---|--|---|--|
| 2 fo | 1- | OR TATE | | EALTH AND MENTAL HYG | Carlo Carlo | 1 / 1 |
| | | EGISTRAR FASED NAME FIRST | | ER'S CERTIFICATE OF D | REG. 140. | |
| AND I | | COLUMNITY | WIDDLE | LAST | OF ESTI- | DAY YEAR IN HOLLE |
| MAN BEE | | Jerre | · /u. | Usteks | DEATH MATED | 19 9 7 DM |
| THE PERSON NAMED IN | 3. SEX | 4. RACE S. DA | E OF BIRTH TH DAY YEAR LAST BIRTHDA | RS IF UNDER 1 YR. IF UNDER 24 H | | DAY YEAR SHEAT |
| N S S S S S S S S S S S S S S S S S S S | 1 | wws | -62033 48 YR | The same in the sa | DEAD Feb. | 8 10 8 DOWN |
| A SECTION O | 7a. BI | THPLACE (STATE OR 76. CI | IZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUN | TY-OF DEATH |
| 京品の学祭 / | | TENNESSEE | USA | WIDOWED DIVORCED | 1 Prince 6 | COVARYMO. |
| SESSIO. | | | ME OF HOSPITAL, NURSING HOME | | . USUAL OCCUPATION (TYPE OF WORK | 126. KIND OF BUSINESS OR INDUSTRY |
| PAGE FILED | / | 3611112 | T IN SUCH FACILITY, GIVE STREET ADDRESS) | 14 r. 1 | BAKER | SAFEWAY |
| 85 × 80 | USUA | RESIDENCE (IF IN NURSING HOME OR OTHER | INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO | l' Center | DAKER | SHIEWAY |
| ANY AND RETA HOUSE | 13a S | ATE 136 SOUNTY | A 13c CITY OR TOWN | 7 13d. INSIDE CITY LIMITS? 13e | STREET ADDRESS | 1. |
| | | May you're | wayer wind | DUOLYES ON NO 12 | III Conn | 700 |
| MD. 17. 2. M. 3. MD. S. M. 3. | 14. FA | THER'S NAME FIRST MIDDI | LAST | 15. MOTHER'S MAIDEN N | MIDDLE | LAST |
| ON PER PER | | HOWARD C | . WATERS | | | PRICE |
| ON OPA | 16a. V | AS DECEASED EVER IN U.S. ARMED FO i. NO. OR UNKNOWN) (IF YES, GIVE WAR OR | A FECT | NO. 17. INFORMANT | ADDRESS | MOMNTPELIER. |
| BALTIM S AFTER GIVE PV ITH FO PAGES | | NO NON | IE 409-48-2 | 698 MRS. ROBIN I | RESTER RT 2 BOX | 174A VIRGINIA |
| TON ST., BALT 24 HOURS AFI ITEM 1B, GIVE LONG WITH F PERMIT, PREMIT, P | | 18 CAUSE OF DEATH (Enter only one | | , , | 4 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| S S S S S S S S S S S S S S S S S S S | | PART I DEATH WAS CAUSED BY: | 4 - | be My ccar | V Lie 1 1715 | BETWEEN ONSET AND DEATH |
| 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | 4291 IMMEDIATE CAC | DUE TO, OR AS A CONSEQUENCE O | OF . | | |
| ENCH IN THE SECTION OF THE SECTION O | | Conditions, if any, which | Chivain | · Myscu | 1 xdi 1 /7/2 | HUVE |
| Y NEW YEAR | - | gave rise to immediate couse (a) stating the under- | DUE TO, OR AS A CONSEQUENCE O | 110 | 212121115 | 777 |
| 201 V CTED IN PE EXAM ON, O | | lying couse lost. | DOL TO, OK AS A CONSEQUENCE C | | | |
| S.S. S.S. | | \ | (c) | | | |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AN EXE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WITH FORM PM 3. BE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. RANSIT PERMIT. PAGES 1 MAD 2 SHO AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OCVITAL PHE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | 7 | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB | ITING TO DEATH BUT NOT RELATED TO THE TERMI | NAL DISEASE OR CONDITION GIVEN IN PART 1 to | | |
| ECO BE AS | CERTIFICATION | None | | | | |
| SHOULD ORD "PE CHIEF A LEE USED A LE | NA N | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERA | ATION WAS PERFORMED? | | 20 AUTOPSY? |
| VITAL SHOU! ORD "; CHIEF CHIEF BE USE MI OF H | E | - cone | | | | YES NO TE |
| OF STEEN | | 210 EXTERNAL CAUSE WAS UNDERLYING OR | TIME OF INJURY HOUR A.M. MONTH DAY YEAR | 21c. HOW INJURY OCCURRED (ER | NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA | ART 2) |
| CERTIFICA CERTIFICA TITING THE SED TO THE CERTIFICA THE TOTAL THE | MEDICAL | CONTRIBUTING CAUSE OF DEATH | P.M. 19 | | | |
| S CERTIFIC S CERTIFIC SETTING TO TO SE 3 SHOU TE DEPARTI | i i | 216 INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, | 21f LOCATION STREET | | |
| SI SE | \$ | WHILE NOT WHILE AT WORK | STREET, FACTORY, FARM, ETC.) | SIREET | CITY OR TOWN CO | OUNTY STATE |
| E, V STA STA (, 21 | | | | | | |
| MA SON HA | | 22a. I certify that I took charge of th | | Autopsy . Inspection . | Inquiry . ond in my op | pinion |
| WHE BE | | death resulted from: Natural cau | es . Accident . Sui | cide Homicide Ui | ndetermined monner, | |
| WAN WENT | | ACTUAL 26 | 110 | TITLE (SPECIFY) | DATE | PI CHARL |
| AHRAH. | | SIGNATURE | (Charles | M.D. 12 ey 1 | MEDICAL EXAMINER SIGNI | de001912 |
| MEDIC CCUTE 3E 4 S SE 4 S FUNEI FUNEI LIMOR | | EXAMINEDIS NAME TOUR | 5 7 | | | 44 |
| A SECTION OF THE SECT | - | THE OFFRINTI JOHN | S. KOGERS | ADDRESS_ SILV | ER SPRING, 1 | MARYLAND |
| 5 8 5 5 8 8 T | 230 B | HAL, CREMATION, REMOVAL 236. DA | E 23c. NAME OF CEM | ETERY OR CREMATORY 23 | d. LOCATION CITY OR TOWN COU | NTY STATE |
| BP | | BURIAC FEB | 13,1982 LYONS C | EMETERY 6 | ELIZABETHION, CART | |
| DHMH - 17 | 24 Ft | NERAL DIRECTOR | ADDRESS | 250. DATE REC'E | | SIGNATURE |
| (VR A15 ME (5)) | CH | | OME RIVERDACE | MARYUMO FEB 1 | 6 1987 Manu Ja | 21/4/2/2 |
| 15M 2/80 | | 1 | 7,1,10 | | A LAY A LAY | |



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-Patricia Wedington DEATH MATED 82 19 4. RACE S. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 82 Dec 29 1958 23 Female White DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY S AFTER DEATH, IF ANY DELAY IS NET GIVE PAGES 1, 2, AND 3 TO THE FUN THE FORM PM 3, RETAIN PAGE 5F PAGES 1 AND 2 SHOULD BE FILED WISION OF VUTAL RECORDS, 201 W. PA USA WIDOWED DIVORCED Prince George' S County **Texas** D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Suitland - #4 (front) Cpo3 - U.S. Navv U. S. Gov't USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [5208 Belgern Street Prince George Suitland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST William Leiber Patricia IG" IN PENCICINA DAL EXAMINER ALONG WITH FOKA BURIAL - TRANSIT PERMIT, PAGES I 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 836 Oriole Ct 16b. SOCIAL SECURITY NO 17 INFORMANT 096-54-5868 Wm. F. Lieber (Father) Severn, Md. Yes Active 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, IT, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Stab wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 V CERTIFICATION 190 DATE OF OPERATION USED / TO BURIAL, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YES KX NO 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR X.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH subject was stabbed 20 1982 71f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK NOT WHILE parking lot Suitland Fed. Bldg.#4.Suitland AT WORK George's CO., 22a I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 2-21-82 Assistant SIGNATURE SIGNED III Penn Street EXAMINER'S NAME Virginia L. Dolan. M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION Arlington, Arlington, Arlington National 2-25-1982 Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** W. W. Chambers Co. 8655 Georgia Ave. SilSpg (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND



| | | REGISTRAR CEASED NAM | E FIRST | | MIDDLE | | CERTIFICATE O | 2a. DATE | REG. NO | | DAY YE | AR 2b. H |
|---|-----------------------|--|---|--|---|--------------------------|--|---|--|---------------|----------|-----------|
| | (TYP | E OR PRINT) | Edwa | ard | | | White | OF | H MATED | | 23 19 | 82 |
| | 3. SEX | | 4. RACE | 5. DATE OF BIRTH | | IN YEARS IF U | NDER 1 YR. IF UNDER | 24 HRS. 2c. DA | TE | MÖNİH | 17 | EAR 2d 8 |
| | m | ale | negro | 11 14 | 55 LAST | 6 YRS. | THS DAYS HOURS | MIN PRONOL | | 2 | 23 19 | 82 8 |
| _ | 7a. BI | RTHPLACE (S | TATE OR | 76. CITIZEN OF WH | AT COUNTRY? | 8 MARI | RIED NEVER MARRI | 9. BALTI | MORE CITY OF | R COUNT | | |
| / | Ga. | ffney, | S. Car. | USA | | WIDO | | Pri | nce Geor | rge's | Coun | ty |
| 0 | L | andove | / | Rt. 50 | (railro | pad trac | | 12a USUAL OCC FOR MOST OF W | | OF WORK | OR IND | |
| 1 | 13a. S | | _ TISM. COUN | R OTHER INSTITUTION, GIV TY | RESIDENCE BEFORE A | ophission wn sourg | 13d. INSIDE CITY LIMITS? YES NO | 130. SPEEL ADD | · Falls | s St. | | 13 |
| 1 | 100 | THER'S NAME FIRST James | | MIDDLE | White | | Ardellar | NAME | MIDDLE | Wils | son last | |
| 3 | (1) | VAS DECEASE ES, NO, OR UNKNO NO | D EVER IN U.S. AR/ | MED FORCES? WAR OR DATES) | 16b. SOCIAL SE | CURITY NO. | James Whit | e 102 E. | ADDRESS Falls | St | lacks! | |
| | | 18. CAUSE O | F DEATH (Enter on ATH WAS CAUSE | y one cause per line | | | | | Della | | | MATE INTE |
| | | PARTIDE | | E CAUSE (a) | Multip | le inju | ıries | | | | | |
| | 7 | So | ns, if any, which | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | |
| | - | gave ri | se ta immediate | (b) | | | | | | | | |
| | | lying cau | stating the <u>under</u> ise last. | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | |
| | | PART 2 OTHER CO | CHIEFCYNZ CONDIZIONE | (c) | UT NOT BELLIED TO T | NE TERMINAL PICE | SE OR CONDITION GIVEN IN PAR | | | | | |
| | | | oun (can) (onollion) | THE TO UTAIN B | OF HOT KELATED TO II | nt TERMINAL UISEA | OC UK CUMUITIUM GIVEN IN PAI | 1110 | | | | |
| | Z | 10.3 | | | | | | | | | 20 AUTO | DCVA |
| , | ATION | 19.7 | OPERATION | 19b. CONDIT | ON FOR WHICH | OPERATION V | VAS PERFORMED? | | | | | 215 |
| / | IIFICATION | 19.7 | OPERATION | 19b. CONDIT | ON FOR WHICH | OPERATION V | VAS PERFORMED? | | | | | |
| L | CERTIFICATION | 190. DATE OF | AL CAUSE WAS | 21b. TIME OF | INJURY | 21c F | OW INJURY OCCURRE | O (ENTER NATURE OF | INJURY IN ITEM TB PA | ART T OR PART | YES (| |
| | CAL CERTIFICATION | 190. DATE OF | AL CAUSE WAS | 21b. TIME OF | INJURY MONTH DAY | YEAR 21c H | OW INJURY OCCURRE | | | art t or part | YES (| |
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| -13 6 K | MEDICAL CERTIFICATION | 190. DATE OF 210 EXTERNA UNDERLYING CONTRIBUTIO 210. INJURY C WHILE AT WORK 220. I certif | AL CAUSE WAS OR OCCURRED NOT WHILE AT WORK | 21b. TIME OF HOUR A.M. DEATH 6:39KM. 21e PLACEO STREET, FACTO rai | INJURY MONTH DAY 2-23 FINJURY (ATHO DRY, FARM, ETC.) L road tr | YEAR 216-1982 PE | edestrian socialistics STREET 50 STREET 100 100 100 100 100 100 100 | truck by cityori Landov | train. | COU | YES (| X) r |
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Old Alexander Ferry Rd., Clinton, MD

- STATE

DHMH - 16 50M 1/8

(VRA 15, 4) 6633

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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LAST

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IF UNDER 24 HRS

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STATE OF MARYLAND

FOR

(VRA 15, 4)

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| Selection of | FOR | | | 25010 | | OF MARYLAND | | | - | - 2 |
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| | 1 - STATE | TRAR | | DEPAK | | EALTH AND MENTAL HY | REG. N | 0. | 5 | 10 |
| E 5 | 1. DECEASED (TYPE OR PRINT) | Augus | | llen | Whi | AST | 20 DATE OF DEATH | MONTH DA | YEAR 82 | 26. HOUR |
| offer de | 3. SEX | Female | 4 RACE | ian | S. DATE C | | 6. AGE IN YEARS LAST BIR | | IF UNDER 1 YEAR | HOURS MIN |
| | 70. BIRTHPLA | E STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8 | NEVER MARRIED | | | | ۵ ۸ |
| 11 90 | | OWN OF DEATH | 11. NAME OF | | ING HOME C | ROTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEKEE | ION OF WORKING LIFE | 12b, KIND O | F BUSINESS C |
| Selection and the | USUAL RESID | ENCE (IF NURSING HOME O | ROTHER INSTITUTION | 134 CITY OR TO | MM | 13d. INSIDE CITY LIMITS? | 3012-H., | Palmi | er Apt | 8. |
| OSO Ord 2 th | John | NAME FIRST | MIDDLE | Demer | nt | Achra | JAME ENDOLE | | Wrigh | t |
| Pages 2 | 160 WAS DEC | EASED EVER IN U.S., AI UNKNOWN) (IF YES, GN | RMED FORCES? 'E WAR OR DATES) | 166 SOCIAL SEC | -9339/ | Rachel W | right, Rt. | 1, 8c | × 425 | M |
| ow requires that the dee been signed by the atte mint. Then places remove prior to burnel, crembital any injury, or other train | gave cause under | ilians, if any, which rise to immediate (a), stating the ying cause last. OTHER SIGNIFICANT | (c)CONDITIONS C | | UENCE OF | | NONST RMINAL DISEASE OR CON 200 AUTOPSY? | 20b. IF YES, | 14 | IGS USED |
| g physican g physican serificate for idd-tronsit pe intal hygiene feer III shows | 21a ACO | CIDENT WAS UNDERLYING [TRIBUTING [CAUSE OF DE | HOUR A | .M. | DAY YEAR | | YES NO | YES | | NO [] |
| offerdon the bo | 21d IN | NOT WHILE AT WORK | | OF INJURY FREET, FACTORY, OFFICE | E, FARM, ETC.) | 211. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| At OR ATTENDING the hospital or At DRECTOR. At Introduction of the Dept. of Health T. If New 21 is made. | sa at | ertify that (1) (this hasp v the deceased alive a ave. (1) (we) (did) (did n SNATURE | 2- | 19 19 | \$2,00 | d that in (my) (aur) apinic DEGREE ATTENDING PHYSICIAN | | ate and haur | | |
| TO HOSPITA retained by TO FUNER should be it with the Stell IMPORTAN | 22d. Pl | Veil A. | ORPRINT) Me | ado | mp | 22e. ADDRESS 6501 Land | over Rd., | Cheve | rly, M | d. |
| PP | 23a. BURIAL, (SPECIFY) | CREMATION, REMOVA Burial | 236. DATE | | | EMETERY OR CREMATOR | Y 234 LOCATION CITY OR TOWN | Che | rles M | MSTATE |
| HMH - 16 50M 7/77 (VR A 15 (4)) | 24 FUNERAL | | Home | ADDRESS | ne M | MAN | ATE REC'D. BY REGISTRAL | | ALS SIGNAT | MELT |

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| ME - Y | | A CONSTRUCTOR | | |
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Prince George's 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tenn. Retired Secretary Co. Gov't. 9311 4th. Street Miller ADDRESS Address Same as Charles E. Williams, Jr. No# 13e. CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77r. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 8150 Lakecrest Drive - Greenbelt, Md. Grandview Cemetery Maryville Feb.26,1982 Blount Burial Tenn. 24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR

olaman obsieni? tive .o. Tatemone Genilos teath the street emdos. 5 d form the said mollin Caroline King an amaz apoglific 415-50-2108 Charles F. Milliams, Jr. 10 15c. 8130 Lakecrest Drive - Greenbelt, Md. William A. Wimsnit, W.D. Pet. 36,1982 Grandyiev Courtery Marryille Blount Tenn. In i year r. resolts some T. I. I. I'rathaville, Nd.

MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

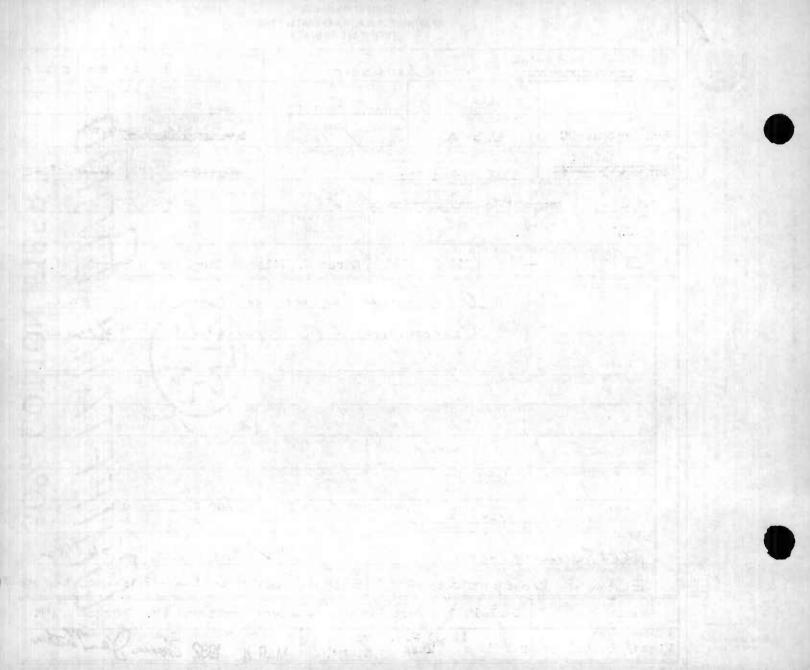
| | | REGISTRAR | | | | CERTIF | ICATE OF D | EATH | REG. | NO. | | | | | | |
|-----|---------------|-----------------------------|---|-----------------------|-------------------------|--------------|---------------|-------------|-------------------------------|-------------|-------------|-------------|-----------|----------|--|--|
| | | CEASED NAME | FIRST | | MIDDLE | | LAST | | 2a DATE OF DEATH | HINOM | DAY | YEAR | Zb. HOL | JR | | |
| | | | BABY | N | MLE | WI | LSON | | | 02 | 14 8 | 82 | 2:30 | 5P M | | |
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| | | MALE | | WHITE | | 02 | 14 | 82 | | YR5 | MONTHS | DAYS | HOURS | MIN. | | |
| P | | RTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER M | ADDIES DX | 9. BALTIMORE CITY | OR COUP | NTY OF DEA | ATH | | | | |
| Y | | ARYLAND | | USA | | WIDOWE | | ORCED | PRINCE | GEOR | CE IS | | | MD. | | |
| . 1 | 10 C1 | ITY OR TOWN OF | DEATH | | HOSPITAL, NURSIN | NG HOME C | | - Immed | 12a. USUAL OCCUPA | TION | 12b. F | | F BUSIN | - | | |
| 4 | - AUST 1 | CHEVERLY | | PRINCE | GEORGES | GENER | AL HOSP | ITAL | (TYPE OF WORK FOR MOST | OF WORKING | | V/A | | | | |
| OC | 13a. S | TATE | 13b. COU | YTY | GIVE RESIDENCE BEFOR | E ADMISSION) | 13d INSIDE CI | TY LIMITS? | 13e. STREET ADDRESS | 5 | | | | | | |
| - | | RYLAND | PRIN | CE GEO. | UPPER N | ARLB. | YES 🔀 | NO 🗌 | 12625 DARL | ENEN | STREE | ET | | | | |
| 5 | 14. F.A | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S | MAIDEN NA | ME | | | LAS | | -159 | | |
| 20 | | FLYNN | 1 | | WILSO | N | | KAREN | | | | | THEA | | | |
| 1 | | VAS DECEASED E | | MED FORCES? | 166. SOCIAL SECL | JRITY NO. | 17 INFORMAL | NT | ADD | RESS | | | | | | |
| 1 | | N/A | , | | N/A | | | 126 | 625 DARLENE | N ST | . UPPE | UPPER MARLB | | | | |
| | | 18. CAUSE OF DE | EATH (Enter or | nly one cause per | line for (a), (b), an | id (c).) | 1 | . 1 | | 4 1 | BE | APPROXE | MATE INTE | RVAL | | |
| | | PART I. DEATI | H WAS CAUSE | D BY: TE CAUSE (6) | | ysm | ature | ball | y | | | | 100 | | | |
| | | 7718 | | | R AS A COMSTQUI | ENCECE | ^ | | 0 | | | 3 | m | to | | |
| | 7 | Conditions, if | ony, which | (h) | 1058 | 110 | mitra | ataine | theeton | | | - | | - | | |
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| | | PART 2 OTHER S | GNIFICANT | | NTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | AINAL DISEASE OR CO | NDITION (| GIVEN IN PA | ART 1(c | 1 | | | |
| | O | | | | | | | | | | | | | | | |
| 1 | CERTIFICATION | 19a. DATE OF OPE | ERATION | 196. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFOR | RMED | 20a AUTOPSY? | | YES, WERE | | | | | |
| | TIFIC | | | | | | | | YES NO | IN CER | YES T | AUSES | OF DEAT | | | |
| 9 | CER | 21a. ACCIDENT WAS | UNDERLYING | 216. TIME O | | A | 21c HOW IN | URY OCCURE | RED (ENTER NATURE OF INJ | URY IN ITEM | | ART 2) | | | | |
| 1 | | OR CONTRIBUTING | | HOUR A./ | | AY YEAR | | | NA | | | | | | | |
| 1 | MEDICAL | 21d. INJURY OCC | | A 21e. PLACE O | OF INJURY N | A | 211. LOCATIO | N | | | | | | | | |
| | W | WHILE NO | T WHILE | (AT HOME, STR | EET, FACTORY, OFFICE, F | ARM, ETC.] | STREET | | CITY OR TO | NWC | COUN | TY | \$1 | TATE | | |
| | | 22a.1 certify that | | tal) attended the | deceased from | | 214/82 | . 19 | to | 2/14/ | 8 10 | | hat (1) (| wa) last | | |
| | | saw the deci | eosed alive on | | 2/14/802 | , or | | | death occurred on the | date and h | | | 1., 4 | , | | |
| | | 22b. SIGNATURE | e) (did) (did no | t) view the body | ofter death. | | DEGREE | | | | | | IGNED | | | |
| | | | Moderny | staline | Miran | M1 |). A | TENDING _ | | AFF | - ''' | 2 | 1 | 32 | | |
| | | 22d PHYSICIAN'S | NAME ITYPE | R PRINTI | | 1 - | 22e. ADDRESS | HYSICIAN [| 3 5 | | | | 4 | | | |
| | 13 | THAD | AYAT | Δ. | KHAN) | MA | PRIN | CE CIE | orge's gene | RAL F | to SPITA | - | CHEV | ERE | | |
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| | 230. B | URIAL, CREMATIC Crematic | ON, KEMOVAL | 3/3/82 | | | EMETERY OR C | KEMATORY | 23d. LOCATION CITY OR TOWN | D | G May | cv1= | STA | ATE | | |

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

R. H. Hagaman Cheverly, Maryland

250. DATE REC'D. BY REGISTRAN 251 CHEEN CONTROL OF THE PROPERTY OF THE PROPERT

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(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 35

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the major is only and alternation of alternations.

Montteville, Marylonel

Huntt Funeral Home Waldorf. Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

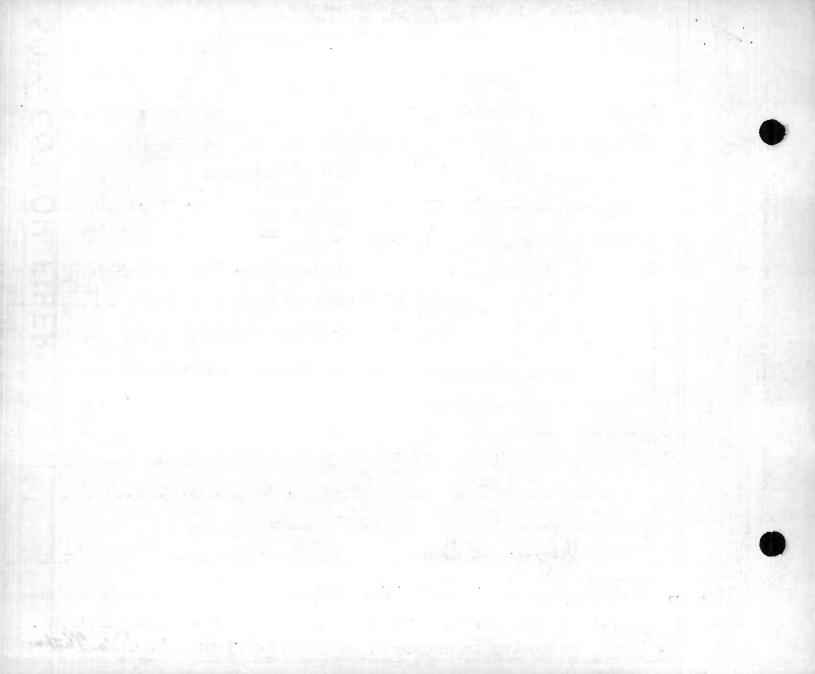
Item 19b G566 4/6/82 dad

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| dens. waiderf Charles 16. | .man yfini | 21 38-18-9 | | (Birus) |

buntt funeral nome welders, heryland

| | REGISTRAR DECEASED NA | ME FIRST | MEL | MIDDLE MIDDLE | LAST | IFICATE OF L | 20. DATE KNO | REG. NO. | AONTH DAY | YEAR |
|-----------------------|---|--|---------------------------------------|--|--------------------------|-------------------------|--|----------------|----------------|-------------------------|
| 3.5 | TYPE OR PRINT! | Char | les Ho | nrv | Young | 1 | OF ES | STI- | 2 19 | 1982 |
| 3. 5 | SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YE | ARS IF UNDER 1 | | IRS. 2c. DATE | M | ONTH DAY | YEAR |
| | Male | Black | May 10, | L927 54 Y | RS. MONTHS DA | AYS HOURS MIN | PRONOUNCE! DE AD | | 2 19 | 1982 |
| In In | FOREIGN COUNT | (STATE OR | 76. CITIZEN OF WH | AT COUNTRY? | 8. MARRIED X | NEVER MARRIED | 9. BALTIMORI | CITY OR C | OUNTY OF | DEATH |
| L | Maryla | ind | US | | WIDOWED [| | □ Prince | | | ounty |
| | Chever | ·ly | Prince G | ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS! OPENS GO | neral Ho | nenital | USUAL OCCUPATION FOR MOST OF WORKING | | | IND OF BUS R INDUSTR |
| 130 | UAL RESIDEN | CE (IF IN NURSING HOA | AE OR OTHER INSTITUTION, GIVI JNTY | 13c. CITY OR TOWN | 13d. IN | | STREET ADDRESS | | | |
| L | | | St Mary's | Avenue | YES | - 42 | Gen. | Del. | | |
| 14. | FATHER'S NA | | MIDDLE | LAST | 15 M | OTHER'S MAIDEN N | MIDDLE | | | LAST |
| 14- | Emano | dus SED EVER IN U.S | ABHED FORCES | Young | V NO 117 IN | Ruth | Ester | DDRESS | Mills | 5 |
| 100 | (YES, NO, OR UNI | NOWN) (IF YES, G | IVE WAR OR DATES) | 100. SOCIAL SECURII | | | | | | 7 |
| = | Yes In CAUSE | OF DEATH (Salar | | | I H | arriet I | . Young | Ave | nue, M | Mary I |
| | PARTI | DEATH WAS CAU | anly ane cause per line t SED BY: | | 0 7 1 | 2 | | | BET | WEEN ONSET |
| | 191 | / / MMED | IATE CAUSE (a) | Fracture o | | s with pel | vic nemat | oma | | - |
| | Condi | tians, if any, wh | | and pulmon | A 80 40 80 | 7 | | | | |
| - | | rise to immedia (a) stating the und | < 1 | AS A CONSEQUENCE | | Dius | | | | |
| | | ause last. | | S A CONSEGUENCE | | | | | | |
| | PART 2 OTHE | R SIGNIFICANT CONDITIE | ONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERM | IINAL DISEASE DR COL | NOITION GIVEN IN PART 1 | 1. | | | |
| 1 3 | | | | | | | | | | |
| | 190. DATE | OF OPERATION | 196 CONDIT | ON FOR WHICH OPER | RATION WAS PE | RFORMED? | | | 20 | AUTOPSY? |
| 1 | | | 12.0 | | | | | | | YES XX |
| 7 8 | 210 EXTER | NAL CAUSE WAS | 21b. TIME OF | MONTH DAY YEA | 21c HOW IN | JURY OCCURRED LE | NTER NATURE OF INJURY | N ITEM 18 PART | 1 OR PART 2) | |
| 8 | CONTRIBU | NG AOR ITING CAUSE (| OF DEATH 7:00p.M. | 2/7/82 | | ct involv | ed in alt | ercett | ion | |
| MODITAL CERTIFICATION | 21d. INJUR | Y OCCURRED | 21e PLACE O | FINJURY (AT HOME, | 211 LOCATIO | N | CITY OR TOWN | | COUNTY | |
| 13 | AT WORK | AT WORK | M Home | DRY, FARM, ETC.) | Oakley | Rd. Oak | _ | M. Co. | Md. | |
| 1 | 270 1 00 | ertify that I taak ch | arge of the remains desc | ribed above, held an | Autopsy XX | Inspection |], Inquiry | and in | my opinian | |
| | | , | | | | | ndetermined manne | | , -pinan | |
| | death res | | | A . | | TLE (SPECIFY) | | - | | |
| | death res | 11 | 1.0 | | | acidtant | | | DATE SIGNED | 2-20- |
| | ACTUAL | E Vu | zina L | Solon | M.D. A.S | 551510111 | MILLIE ALL EX A AN INIE | R | | |
| | ACTUAL SIGNATU | (| zina L | Jolan | M.D. AS | | MEDICAL EXAMINE | | 3IGNED | |
| | ACTUAL | SNAME VI | zima L. C | Volan, M.D. | | 111 | Penn Str | | SIGNED | |
| 23: | ACTUAL SIGNATUI EXAMINEI (TYPE OR I | SNAME VI | | olan, M.D. | ADDRI | ESS | Penn Str | | COUNTY | ST |
| | ACTUAL SIGNATUI EXAMINEI (TYPE OR I | (S NAME Vinerion, REMOVA | L 236. DATE | | ADDR | ESS | Penn Str | eet | | |
| 24 | ACTUAL SIGNATUI EXAMINEI (TYPE OR I BURIAL, CREA (SPECIFY) | C'S NAME VI PRINT) VI MATION, REMOVA PIAL RECTOR | L 236. DATE | 13t. NAME OF CE | ADDR METERY OR CREATE | ESS | Penn Str d Location city or town Bushwood By REGISTRAR 2 | eet | COUNTY | |



| 40 | | FOR STATE | | | STA DEPARTMENT OF | | ARYLAN AND ME | | YGIENE | 5 | n s | 1 8 | |
|--|---------------|--|---|---|---|-----------|--------------------------|------------|----------------|------------------------|---------------------|------------|--------------|
| | | REGISTRAR CEASED NAME | FIRST | MEI | DICAL EXAMIN | IER'S C | ERTIFIC | CATEO | | | 5. NO. | DAY YEAR | Par House |
| | | E OR PRINT) | 4. RACE ANNE | F Is. DATE OF BIRTH | RANCES 6 AGE (IN Y | XXX | DER 1 YR. I | Zarc | hin D | OF ESTI- EATH MATEL | | 3 1982 | 26 HOUR M |
| GESSARY, P. JERAL DIR. OR YOUR YO'R HITMIN YO'R HIGH | FF 70. BI | MALE RTHPLACE (ST | WHITE ATE OR | MONTH DAY 10-2-11 7b. CITIZEN OF WH | YEAR LAST BIRTHI | RS. MONTE | DAYS | HOURS | MIN. PRO | NOUNCED DEAD | TY OR COUN | V OF DE AL | 7:40 A |
| NECESSAR FUNERAL 5 FOR YO W. PRESTO | N | REIGN COUNTRY) EW YOU TY OR TOWN (| | U.S. | Α. | WIDOW | | DIVORCE | | PRINCE | GEORGE | S | MD |
| DELAY IS 1 TO THE P N PAGE 0 BE FILED | | BOWIE | | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK POR MOST OF WORKING LIFE) 120. USUAL OCCUPATION (TYPE OF WORK POR MOST OF WORKING LIFE) PO ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | | | | | | | OR INDUST Police | Dept. | |
| | 130 M | | 13h COUN | Geo. | 13c. CITY OR JOWN | ION) | 13d. INSIDE CIT YES 🛣 | NO 🗆 | 13. STREET | O7 Ken | nmerto | n La. | |
| DEATH DEATH AND 28 NAME 28 NAM | | h intip | Fig. 1 | MIDDLE | Lyhich | | 15. MOTHER | arga | | MIDDLE | | u 1 ľíva | n |
| BALTIMORE, MD. 21201 RS AFIER DEATH. IF ANY S. GIVE PAGES 1, 2, AND: WITH FORM PM 3. RETA F. PAGES 1 AND 2 SHOULI DIVISION OF VITAL RECOL | 16a, V (YI | VAS DECEASED | DEVER IN U.S. AR | RMED FORCES? E WAR OR DATES) | 051-03-0 | | Marg. | | Dero | cher S | | s #13 | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED TO THE CHIEF AMEDICAL EXAMINER ALLONG W SE 3 SHOULD BE USED AS A BURRAL. TRANSIT PERMIT. TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOI PRIOR TO BURRAL, CREMATION, OR REMOVAL. | Z | gave ris cause (a) lying cau | ns, if any, which e ta immediate stating the <u>under</u> se last. | DUE TO, OR (b) DUE TO, OR (c) | ER IOSCLERO* AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER | OF OF | | | | | | | |
| OF VITAL RECORDS ATE SHOULD BE EXEC HE WORD "PENDING" THE CHIEF MEDICAL THE CULIE MEDICAL MENT OF HEALTH AN TO BURRAL, CREMAT | CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 20 AUTOPSY | ? NO 🔽 | | | | |
| DIVISION OF VITA NURR: THIS CERTIFICATE SHO FICATE, WRITING THE WORD F. FORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE US 1 THE STATE DEPARTAKENT OF ILAND, 21201 PRIOR TO BURI | | UNDERLYING CONTRIBUTION | NG CAUSE OF | DEATH P.M. | MONTH DAY YEA | R | | OCCURRE | O (ENTER NATUR | E OF INJURY IN ITE | EM 18 PART 1 OR PA | | |
| DIVISI THIS CERI WARDED PAGE 3 SP TATE DEP. | MEDICAL | 21d. INJURY O WHILE AT WORK | | | OF INJURY (AT HOME, ORY, FARM, ETC.) | | CATION | | CITY | FOR TOWN | co | UNTY | STATE |
| TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE MPAGE 4 SHOULD BE FORWARDED TO THE TOF ELMERAL DIRECTOR, PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BALTIMORE, MARYLAND, 21201 PRICK TO | | 22a. I certif death resulte ACTUAL SIGNATURE | ' | ge of the remains described and causes , | Accident , S | Autap | Hamici TITLE (SP Dept | PECIFY) | Undetermin | equiry X, ned manner (| and in my ap | | 2 |
| TO MEDIC EXECUTE 1 PAGE 4 SI TO FUNER AFTER DEA BALTIMOR | - | EXAMINER'S I | NAME Migu | sto P. Rod | driguez, M. | D | ADDRESS 50 | 009 R | | | | e Hills | |
| Bb | B | uchial | | 2-6-82 | Lacy of | the | e Isla | е | | | | ölk Ν. | Ý'. |
| DHMH - 17 (VR A15 ME (5)) 15M 2/80 | 24 FL | NAME 16, | | eral Hom napolis | e Vinci Rd. Bowie | | 2 | So. DATE | BCD, BY REG | 982 256. | REGISTRARS | IGNATOR TO | (cr |

French X 2-3 March 1 x 2-3 March 2 x 2-3 March 2 x 2-3 March 2 March 2 x 2-3 March 2 M FEMALE WITE 10-2-11 71 - 2-3 - 32 BOWLE 1280X KENNERTON LAKE PCt. M.Y. City PoliceProt. Mr. Pr. Cco. Bowie x 128 Kemmeton L Philip Lynch . Mangaret Stilly o 95]-93-0058 Margaret Eerocher Sime is Mills ARTERIOSCIEROTIC CAPDIOMASCULAR DISEASE 2-3-40 Tubility stones and or other and the state of the state o 3 [1] 2-4-2 Lev of the [s] Sector[s Site of P. F. BETT FIRE IT FORE WELL 16,000 tonacolis Dr. Bowle, Mr.